

Date: \_\_\_\_\_

Last Name \_\_\_\_\_

**CONWAY TOWNSHIP**

8015 N Fowlerville Road

PO Box 1157

Fowlerville MI 48836

**Complaint Form**

Location on Complaint:      **Parcel ID Number:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complaint Made By:     Anonymouse     Give update

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Description of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Township Use:**

Method:     Phone     In Person     E-Mail     Drop Box     Other

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Investigation:**

Date: \_\_\_\_\_ Investigator: \_\_\_\_\_

Ordinance Violation: \_\_\_\_\_

**Findings:**

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_