



CLAY TOWNSHIP CODE ENFORCEMENT

Preliminary Complaint Report

Date: _____

- Phone
- Walk In
- Office
- Drive By
- Mail In

Location of complaint: _____

Occupant of complaint: _____

(Check One)

Type of complaint:

<input type="checkbox"/> Zoning Ordinance #126	<input type="checkbox"/> Township Ordinance
<input type="checkbox"/> Blight Ordinance #135	<input type="checkbox"/> Unlicensed Veh. Ord. #34
<input type="checkbox"/> Improper Storage	<input type="checkbox"/> Unobstructed Yard Ord.
<input type="checkbox"/> Building without a permit	<input type="checkbox"/> Garbage
<input type="checkbox"/> Building Location	<input type="checkbox"/> Fence
<input type="checkbox"/> Boat Storage	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dangerous Building	

Comments: _____

VOLUNTARY, CONFIDENTIAL INFORMATION:

Complainant's Name: _____

Complainant's Address: _____

Complainant's Phone: _____

DATA ENTERED: _____ / _____ / _____

Report Taker's Initials _____