



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 _____