



FAX 810-231-4295
PHONE 810-231-1000

P.O. Box 157
10405 Merrill Road
Hamburg, Michigan 48139

<i>Staff Use Only</i>	Tax ID# 15-____-____-____	Sub_____ Lot_____
Date Received_____	Violation No. _____	Received By _____

CODE COMPLIANCE REQUEST FORM

This form must be completed for all filings of code related complaints. All complaints should be made in writing and filed with the Hamburg Township Zoning Administrator. **The person or persons filing this complaint shall understand that by filling out questions 4 through 7 and signing and/or attesting to the information contained herein may be asked and/or summoned by subpoena to provide testimony on this complaint, if necessary. If you would like to remain anonymous please do not fill out numbers 4 through 7 and do not sign this form. If you wish to remain anonymous you cannot choose to receive updates on the case.**

1) Address where the alleged violation exists _____

2) Owner of the property where the alleged violation exists _____

3) Description of the alleged violation (times, dates and pictures of the alleged violation may be helpful if necessary)

4) Name of complainant _____

5) Address of complainant _____

6) E-mail address of complainant _____

7) Phone Number of complainant _____

8) Driver License number of Complainant _____

Please sign here that you agree that this complaint described above is true and accurate to the best of your knowledge.

Name: _____ Date: _____

Please check if you would like to receive updates on this code enforcement case by:

E-mail _____

Regular Mail _____



