Holland Township Code Violation Complaint Form

All initial complaints shall be investigated by the zoning official within 14 days of submission.

Date: ________________________________

Name of Suspected Violator: ____________________________________________

Violators Address: _____________________________________________________

Complaint:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
(For office use only. Information will be kept confidential)

Complainants Signature: ________________________________
Address: ________________________________________________
Phone number: ________________________________________

TO BE COMPLETED BY THE ZONING OFFICIAL

Initial inspection and findings by the Zoning Official

Date: ________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Action Taken by Property Owner: ______________________________________
____________________________________________________________________
____________________________________________________________________

Follow-up by Zoning Official Date: ______________________________________

Resolution of Complaint Date: ________________________________________

Signature of Zoning Official: ________________________________________