

**WRIGHT TOWNSHIP – OTTAWA COUNTY - MICHIGAN
COMPLAINT FORM**

DATE: _____

COMPLAINT FILED AGAINST:

NAME: _____

ADDRESS: _____

PERMANENT PARCEL# _____

COMPLAINT: _____

COMPLAINT FILED BY: _____

ADDRESS: _____

PHONE NO: _____ EMAIL ADDRESS: _____

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RETURN TO:

WRIGHT TOWNSHIP

P. O. BOX 255

1565 JACKSON ST.

PHONE: 616-677-3028

FAX: 616-677-3046

.....
(office use only)

DATE RECEIVED: _____ BY: _____

NAME(S) ADDRESS OF PROPERTY OWNER(S) INCLUDE SPOUSE/PARTNER

DATE ISSUED TO ZONING ADMINISTRATOR: _____

FINDINGS: _____

ACTION TAKEN:
