

Webber Township Zoning  
Christopher Jacobs  
P.O Box 939  
Baldwin, MI 49304  
(231) 745-3471

**COMPLAINT FORM**

Name of complainant \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

Nature of complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint lodged against \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature of complainant

Date

\_\_\_\_\_

**DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY**

Date received

Date inspected

Comments

Action taken