



**Blight , Grass, Dangerous Building and other Ordinance Violations
West Branch Township, Ogemaw County Michigan**

DATE: _____

Ordinance Violation Number: _____

LOCATION OF POTENTIAL VIOLATION:

Potential Violators Name: _____

Potential Violation Address: _____

City: _____ State: _____ Zip Code: _____

VIOLATION CATEGORY

Blight Ordinance: _____

Grass Ordinance: _____

Dangerous Structure: _____

Zoning Ordinance Violation: _____

Other Potential Violation: _____

Specific Violation Provide as Much Detail as Possible: _____

COMPLAINANT INFORMATION:

Print Name: _____

Address: _____ Phone Number: _____

Signature: _____ Date: _____

*** NOTE: ANONYMOUS OR UNSIGNED COMPLAINTS WILL NOT BE INVESTIGATED ***

FOR OFFICE USE ONLY

Date Application received by Ordinance Enforcement Officer: _____

Date of Field Inspection: _____ Follow-Up Inspection Date: _____

Ordinance Violation Number or Section: _____

Field Inspection Notes: (Attach Pictures or Information Separately): _____

Ordinance Enforcement Official Signature: _____

Date: _____