

**WAYNE TOWNSHIP**  
**COMPLAINT FORM**

Date\_\_\_\_\_

**Individual Filing Complaint:**

Name\_\_\_\_\_

Address\_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**Location of Complaint:**

**Property Owner:**\_\_\_\_\_

Address:\_\_\_\_\_

Specific Area\_\_\_\_\_ Parcel # 36-\_\_\_\_\_

Conditions as Noted:

Signature:\_\_\_\_\_

Inspected by:\_\_\_\_\_

Remarks: