



GRAND HAVEN CHARTER TOWNSHIP

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**ORDINANCE VIOLATION / COMPLAINT FORM**

**PLEASE DO NOT PROVIDE YOUR NAME  
\*\*\* COMPLAINTS ARE ANONYMOUS \*\*\***

**General Information**

Date Received: \_\_\_\_\_

Form Given To (*Name of Staff Member, if Available*): \_\_\_\_\_

Parcel ID Number: 70 - - - - \_\_\_\_\_

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

Nature of Complaint (*e.g., date/time violation was observed, nature of violation, other pertinent information*):

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

**Type of Complaint**

Blight Ordinance: \_\_\_\_\_

Zoning Ordinance: \_\_\_\_\_

Other: \_\_\_\_\_

**Action/Referral**

Investigation Assigned to: \_\_\_\_\_ Date: \_\_\_\_\_