



DEXTER TOWNSHIP

6880 DEXTER-PINCKNEY ROAD
DEXTER, MI 48130

TELEPHONE: 734-426-3767
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WWW.DEXTERTOWNSHIP.ORG

File #
Received on:
Closed on:

ORDINANCE VIOLATION COMPLAINT FORM

(1) Complainant Information		(2) Alleged Violation Information	
a. Name		a. Name <i>(of property owner-if known)</i>	
b. Address		b. Property Address <i>(where violation is located)</i>	
c. Phone Number		c. Mailing Address <i>(if different-if known)</i>	
d. Email		d. Parcel ID Number <i>(where violation is located-if known)</i>	
e. Signature	Date	e. Phone Number <i>(if known)</i>	
By submitting this complaint, I agree that the information contained in it is true, accurate, and complete, to the best of my knowledge.		f. Email <i>(if known)</i>	
I understand that this complaint is a public record and that I may be subpoenaed to testify in court concerning this matter.			
(3) Type of Alleged Violation → <i>Circle all that apply</i>	Zoning Ordinance	Blight Ordinance	Other: <i>Specify</i>
(4) Description of Condition <i>(Include dates and times of occurrences, and pictures.)</i>			<input type="checkbox"/> Pictures Attached (#)
Staff Review (Office Use Only)			
(5) Site Visit Notes			<input type="checkbox"/> Pictures Attached (#)
a. Site Visit on: <i>Date</i>	b. Site Visit Conducted by: <i>Name</i>		
c. Inspection of site indicates: <input type="checkbox"/> <i>Violation Confirmed</i> <i>Ordinance §: _____</i> <input type="checkbox"/> <i>No Violation Found</i>	d. Notes		e. Compliance Date: <i>Date</i>
f. Contact by: <i>Name</i> _____ on: <i>Date</i> _____	<input type="checkbox"/> Phone: # _____	<input type="checkbox"/> Agreed to correct by: <i>Date</i> _____ <input type="checkbox"/> Did not agree to correct	
	<input type="checkbox"/> Mail: <i>Address</i> _____		
	<input type="checkbox"/> Posted on Property by: <i>Name</i> _____	<i>(Attach Pictures)</i>	
(6) Re-Inspection Notes			<input type="checkbox"/> Pictures Attached (#)
a. Re-Inspection on: <i>Date</i>	b. Re-Inspection Conducted by: <i>Name</i>		
c. Re-Inspection of site indicates: <input type="checkbox"/> <i>Violation Corrected</i> <input type="checkbox"/> <i>Violation Not Corrected</i>	d. Notes		

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(7) Civil Infraction

a. Citation Number:	Posted/Mailed on: _____	<input type="checkbox"/> Mail Receipt Attached <input type="checkbox"/> Picture of Posting Attached	Delivered to Court on: _____
b. Citation Number:	Posted/Mailed on: _____	<input type="checkbox"/> Mail Receipt Attached <input type="checkbox"/> Picture of Posting Attached	Delivered to Court on: _____
c. Citation Number:	Posted/Mailed on: _____	<input type="checkbox"/> Mail Receipt Attached <input type="checkbox"/> Picture of Posting Attached	Delivered to Court on: _____
d. Citation Number:	Posted/Mailed on: _____	<input type="checkbox"/> Mail Receipt Attached <input type="checkbox"/> Picture of Posting Attached	Delivered to Court on: _____
e. Citation Number:	Posted/Mailed on: _____	<input type="checkbox"/> Mail Receipt Attached <input type="checkbox"/> Picture of Posting Attached	Delivered to Court on: _____

(8) Court

a. Court Date: <i>Date</i> _____	b. Time: <i>Time</i> _____
c. Finding For: <input type="checkbox"/> Court Order/Judgment Attached	<input type="checkbox"/> Township <input type="checkbox"/> Fines Issued <input type="checkbox"/> Fines Collected
<input type="checkbox"/> Defendant	

(9) Resolution

File Closed on: <i>Date</i> _____	Signature: _____
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(10) Log of Contacts
