



Zoning Complaint Form

5095 4th Street, Eagle River Michigan 49950

Phone 906-337-3471 Fax 906-337-2253

Email keweenawzoning@pasty.net

Date		Parcel ID (tax) Number		ALL INFORMATION IS REQUIRED	
ACCUSED INFORMATION			COMPLAINANT INFORMATION		
Name			Name		
Physical Address of Possible Violation			Address		
City		State	Zip code		Signature of Complainant
Day Phone		Evening Phone		Day Phone	
Type of Violation			<input type="checkbox"/> I request anonymity regarding this complaint <input type="checkbox"/> I would like to be informed as to the outcome		
Description of Violation					
Method of Determination by Zoning Administrator					
<input type="checkbox"/> Founded <input type="checkbox"/> Unfounded					
Signed			Date		
Contact with Property Owner					
If Complaint is a violation, document follow up actions below					
1 st Contact					
2 nd Contact					
Violation Letter					
ZBA Request					
Ticket Issued					
Conclusion					