

COMPLAINT REPORT FORM
THOMAS TOWNSHIP CODE ENFORCEMENT
249 N. Miller Rd., Saginaw, MI 48609
989-781-0150

<u>Problem or Violation:</u>

Suspect/Location (IF ADDRESS IS KNOWN)

Parcel Owner:
Address:
Parcel Number:

Suspect/Location (IF ADDRESS IS NOT KNOWN)

Next to:
Across From:
Bldg., color, name, etc.

Witness

Person Reporting:
Address:
Phone #:
Signature:
Date Reported:
Anonymous Complaint:

Officer: <u>JENNIFER NANCARROW</u> BADGE #: <u>894-100</u> DATE: TIME:
Location or Address of Incident:
Nature of Incident: