

**JACKSON TOWNSHIP
COMPLAINT FORM**

Date: _____

Address of possible violation: _____

Description of violation: _____

COMPLAINANT INFORMATION

Printed Name: _____

Address: _____

Phone number: _____

I _____ hereby grant the township permission to access my

Complainant Signature

property for the purpose of inspecting a violation.

All the information above must be completed prior to form submission

-----Do not write below this line-for office use only-----

Date Received: _____

Received by: _____