Atlas Township Ordinance Officer Complaint Form

Location of Ordinance Violation:	Address of Legal Owner if Other than Resident:
Name:	Name:
Address:	Address:
City Zip	City: State: Zip
Phone -	Phone -
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Complainant:	Date of Complaint / /
Name: Address	Complaint Received By:
City Zip Phone -	Date Compliant Recorded by Ordinance Enforcement Off//
Action Taken / Ordinance Enforcement Officer:	
Action Taken 7 Ordinance Emolecment Officer.	
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Complaint No. ____ Ordinance Enforcement Officer:_____