



## BRILEY TOWNSHIP BLIGHT & DANGEROUS BUILDING COMPLAINT FORM

DATE OF COMPLAINT: \_\_\_\_\_ COMPLAINT NUMBER: \_\_\_\_\_

NAME OF OWNER OR OCCUPANT: \_\_\_\_\_

ADDRESS OF OR LOCATION OF COMPLAINT: \_\_\_\_\_

TYPE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF PERSON MAKING COMPLAINT \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

ACTION BY TOWNSHIP BLIGHT ENFORCEMENT OFFICER, VERBAL \_\_\_\_\_ LETTER \_\_\_\_\_ ORD \_\_\_\_\_