



PO Box 33, Au Train, MI 49806
(906) 892-8265
www.austraintownship.gov

Date Received _____

File # _____

Date Closed _____

ZONING VIOLATION COMPLAINT FORM

COMPLAINANT

Name _____

Mailing Address _____

City, State, Zip _____

E-Mail _____

Phone _____

PROPERTY OWNER WHERE VIOLATION IS OCCURING

Name _____

Mailing Address _____

City, State, Zip _____

E-Mail _____

Phone _____

LOCATION OF VIOLATION

Property Address _____

Parcel Number 001 - _____ - _____ - _____ Zoning District _____

DETAIL of COMPLAINT

Ordinance Section Number(s) Relative to this complaint _____

Describe the violation occurring on this parcel: _____

Signature of Complainant _____ Date _____

PLEASE NOTE: NO ACTION WILL BE TAKEN UNLESS THIS FORM IS SIGNED AND DATED

Return completed form to: Au Train Township Zoning Administrator at address listed above, by email to autrainzoning@gmail.com, or place in the Drop Box located on the office door of the Township Hall at N7569 Spruce Street in Au Train.