

**Atlas Township
Ordinance Officer
Complaint Form**

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|---|---|
| Location of Ordinance Violation: | Address of Legal Owner if Other than Resident: |
| Name: | Name: |
| Address: | Address: |
| City Zip | City: State: Zip |
| Phone - | Phone - |

| |
|-------------------------------|
| Complainant: |
| Name: |
| Address |
| City Zip |
| Phone - |

Date of Complaint ____ / ____ / ____

Complaint Received By: _____

Date Compliant Recorded by Ordinance Enforcement Off. ____ / ____ / ____

Description of Complaint:

Action Taken / Ordinance Enforcement Officer:

Complaint No. ____ - ____ Ordinance Enforcement Officer: _____

