



COUNCIL - MANAGER GOVERNMENT

CITY OF ALLEGAN

112 Locust St.
Allegan, MI 49010
(269)-673-5511
Fax (269) 673-2869

CODE VIOLATION COMPLAINT FORM

To report a complaint about a code violation, please complete the following form to the best of your ability. The more specific your information, the better we will be able to process and respond to your complaint. You may either mail this form to the above address or fax back.

An asterisk (*) indicates those sections/items that must be filled in

DATE: _____

ALLEGED VIOLATOR INFORMATION

Property Owner's Name and Phone (if known):

Occupant if Property Owner's Name Unknown:

*Violation Address (*required information*):

*Details of Complaint (*required information*):

Your Contact Information

* Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Day phone:	<input type="text"/>
City:	<input type="text"/>	Zip code:	<input type="text"/>

Do you wish the above contact information to remain confidential? (Check if "Yes")
(Note: Your contact information is required in either case.)