



VILLAGE OF
PINCKNEY

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Pinckney, Michigan 48169
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COMPLAINT FORM

Complainant's Name: _____

Address: _____

Phone #: _____ E-mail Address: _____

Date of incident (if applicable): _____ Time: _____

Type of Complaint:

Zoning Code Enforcement Other

Subject Address: _____

Please describe the nature of the complaint: _____

What action are you seeking to resolve the complaint? _____

Office Use:

Date Complaint Received: _____ Received by: _____

Notes: _____
