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THE MUNICIPAL CORPORATION OF THE TOWNSHIP OF ARMOUR

PROPERTY STANDARDS

Complaint Form

Complaint No.: _____ Type: _____

Date Received: _____ Received By: _____

SUBJECT PROPERTY

Owner: _____

Municipal Address: _____

COMPLAINANT

Name: _____

Phone Number: _____

Address: _____

Contact with results: Yes _____ No _____

COMPLAINT (if more space required, please write on the back of this form or attach a separate sheet)

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____ Complainant: _____
(please print name)

Signature: _____
(signature of complainant)