

CHARTER TOWNSHIP OF COMSTOCK  
ATTN: ORDINANCE OFFICER  
P.O. BOX 449, COMSTOCK, MI 49041-0449  
EMAIL TO: [supervisor@comstockmi.gov](mailto:supervisor@comstockmi.gov) or  
[ordofficer@comstockmi.gov](mailto:ordofficer@comstockmi.gov)

Save a copy of this form and use it as an attachment to send by email or regular mail or personal delivery.

CASE # \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ BY \_\_\_\_\_

PHONE REQUEST \_\_\_\_\_ WALK-IN \_\_\_\_\_ STAFF \_\_\_\_\_

## COMSTOCK TOWNSHIP COMPLAINT FORM

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DATE FILING COMPLAINT: \_\_\_\_\_

LOCATION OF PROPERTY ADDRESS: \_\_\_\_\_

PLEASE CHECK THE FOLLOWING CONDITIONS REPORTING TO THIS OFFICE FOR INVESTIGATION:

\_\_\_\_\_ OPEN BURNING                      \_\_\_\_\_ GARBAGE                      \_\_\_\_\_ HOUSING

\_\_\_\_\_ TALL GRASS                      \_\_\_\_\_ DEAD TREES                      \_\_\_\_\_ NOISE

\_\_\_\_\_ LITTER/TRASH                      \_\_\_\_\_ BRUSH PILE                      \_\_\_\_\_ JUNK AUTO(S)

*You may file a complaint anonymously, however, if you desire a call back, please provide the following:*

PRINT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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**HOUSING COMPLAINT** - tenants will be requested to first contact the landlord in writing prior to filing a complaint with the township office (a copy of written request to owner/landlord should be submitted with this form).

**DESCRIBE THE CONDITIONS AFFECTING THE PROPERTY:**

  
  
  
  
  
  
  
  
  
  

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