

# Golden Township Complaint Form

Give detailed description of complaint with address - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Township Ordinance \_\_\_\_\_ Zoning Ordinance \_\_\_\_\_ (check one)

Give Chapter number of ordinance that complaint relates to - \_\_\_\_\_  
\_\_\_\_\_

Is complaint directly affecting the Health, Safety, or Welfare of the plaintiff or their property?

Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)

If Yes explain \_\_\_\_\_  
\_\_\_\_\_

Plaintiff's Street Address \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FORM MUST BE FILLED OUT COMPLETELY**