

# Au Train Township Blight Ordinance Complaint Form

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Property Location/Address: \_\_\_\_\_

\_\_\_\_\_

Current Owner (if known): \_\_\_\_\_

Mailing Address/Phone: \_\_\_\_\_

Tenant Occupied?: yes/no Tenant Name: \_\_\_\_\_

Type of Blight:

\_\_\_\_\_ Garbage or Household Waste

\_\_\_\_\_ Appliances

\_\_\_\_\_ Junk Cars

\_\_\_\_\_ Debris (list type below)

\_\_\_\_\_ Buildings or Construction Materials

\_\_\_\_\_ Other (please list below)

Explanation: Please provide as much detail as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

Received by Au Train Township Board by: \_\_\_\_\_

Signature/Title

Date: \_\_\_\_\_ Time: \_\_\_\_\_