

No. _____

GRANT TOWNSHIP BLIGHT COMPLAINT

DATE: _____

LOCATION OF BLIGHT:

Name (if known) _____

Address: _____

DESCRIPTION OF VIOLATION/REASON FOR COMPLAINT:

CONTACT INFORMATION:

Name: _____

Phone: _____

For more information please contact:

Grant Township Supervisor
 Gil Archambo
 231-420-2776
 gil@src-milp.com