

**TOWNSHIP OF HOPE ZONING DEPARTMENT**

***Complaint Resolution Form***

**Complaint**

Complainant: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Complainant Signature (w/date):** \_\_\_\_\_ -

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

**PROBLEM SITE**

Property Owner: \_\_\_\_\_

Street Location: \_\_\_\_\_

Block: \_\_\_\_\_

Owner's Phone#: \_\_\_\_\_

***For township use only***

Received by: \_\_\_\_\_

***Date***

***Time***

**INSPECTION RECORD:**

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

**VIOLATION STATUS:** \_\_\_\_\_

\_\_\_\_\_ **ABATED**      \_\_\_\_\_ **COURT ACTION**      \_\_\_\_\_ **DISMISSED**

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

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