

**HOWELL TOWNSHIP**  
**Ordinance Enforcement Complaint Form**

3525 Byron Road Howell, MI 48855

Phone: 517-546-2817 ext. 108

Email: [inspector@howelltownshipmi.org](mailto:inspector@howelltownshipmi.org)

Your Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

If necessary, may we have permission to enter your property to view the alleged violation?

Complaint Information

Property Owner (if known) \_\_\_\_\_

Occupants (if known) \_\_\_\_\_ Address \_\_\_\_\_

If no address is available, provide detailed description of the location:

\_\_\_\_\_

Describe the complaint: