CITY OF SCOTTVILLE, MI

REQUEST FOR PROPERTY MAINTENANCE/ORDINANCE ENFORCEMENT

DATE OF REQUEST: _____

STREET ADDRESS OF PROPERTY

IN NEED OF INSPECTION: _____

PROPERTY OWNER'S NAME IF KNOWN: _____

PROPERTY OWNER'S PHONE NO. IF KNOWN: _____

COMPLAINT INFORMATION (DETAILS OF REQUEST):

_____
_____
_____
_____
_____
_____
_____
_____

NAME OF MUNICIPAL OFFICIAL FORWARDING THIS REQUEST: _____

TITLE OF MUNICIPAL OFFICIAL: _____