

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: \_\_\_\_\_