Sherman Township Blight Complaint Form

Date: _____

Name: _____

Address: _____

_____

Complaint: _____

_____

_____

Name of person making complaint: _____

Address: _____ Phone: _____

_____

Signature: _____

This form must be completed to be a formal complaint.

>>

For Blight Officer:

1st Notification: _____

2nd Notification: _____

3rd Notification: _____

Resolved: _____

_____