



CITY OF FENTON

301 South Leroy Street ♦ Fenton, Michigan 48430-2196 ♦ (810) 629-2261 ♦ FAX (810) 629-2004

Code Complaint Form

Date _____

S.P.I.D. # _____

1. Complaint

Location of Complaint _____

Description of Alleged Violation _____

Owners Address _____

Owners City/State/Zip _____

Owners Phone _____

2. Complainant

Complainant Name (optional) _____

Complainant Address (optional) _____

Complainant Phone _____

3. Investigation

City Staff to complete:

Person Assigned to Complaint _____

Date in which Action/Inspection was Done _____

Action taken as a result of the complaint _____

