Elyria Township Complaint Form 1707

DATE____/____/____

Please be specific in your description of complaint

Resident's Name ..... Phone .....

Mailing address:

Street .....City..... ,OH Zip .....

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Resident's signature .....**Taken by**.....

Referred to: Use a circle to indicate who takes Action/and who requires information

Make copies for each individual or office circled

Trustee Holtzman Trustee Scheithauer Trustee Hutman Fiscal Officer Repas

Road Superintendent Zoning Inspector Zoning Secretary Fire Department

Action taken:.....

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Follow up:.....

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