ISABELLA COUNTY INSPECTIONS
GENERAL COMPLAINT FORM

ADDRESS OF COMPLAINT:_____

_____

OWNER'S NAME:_____

OWNER'S ADDRESS:_____

_____

LOCATION BY ROADS:_____

TOWNSHIP:_____ SECTION:_____

LEGAL DESCRIPTION:_____

_____

_____

NATURE OF COMPLAINT:_____

_____

_____

_____

_____

_____

_____

COMPLAINT MADE BY:_____

ADDRESS:_____

_____

TELEPHONE:_____

*****OFFICE USE ONLY******

COMPLAINT TAKEN BY:_____

DATE:_____