

**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: _____ Enforcement Number: _____