

**STOCKBRIDGE TOWNSHIP
ZONING ORDINANCE
VIOLATION COMPLAINT**

Date Filed: _____ Date Inspected: _____

Violation Address: _____

Owners Name: _____

Residents Name: _____

Contact Numbers: _____

Complainants Name: _____

Complainants Address: _____

Contact Numbers: _____

Description of Violation: _____

Findings/Action: _____
