



City of Walled Lake

Compliant Form

1499 E. West Maple Road
Walled Lake, Michigan 48390

Phone: (248) 624-4847 Fax: (248) 624-1616

Date:

Complaint Number:

Complainant Name: _____

Complainant Address: _____

Complainant Telephone #: _____

I understand that this request will remain confidential unless requested to be released under the Freedom of Information Act. I hereby wish to file a complaint against:

Name: _____

Address: _____

Telephone #: _____

Location: _____

I believe the person (s) named above may be in violation of one of more of the following laws or ordinances:

Zoning Ordinance

Plumbing Code

Electrical Code

Building Code

Mechanical Ordinance

Soil Erosion & Sedimentation, Act#347

Details of Complaint:

Signature:

Date:

For Departmental Use

Comments:

Disposition:

Date Closed: