

BUEL TOWNSHIP
ORDINANCE COMPLAINT FORM

BUEL TOWNSHIP

P.O. Box 313
Croswell, MI 48422
Phone: 810-679-2092
www.bueltownship.com

Scott Straffon, Supervisor
Lisa Wood, Clerk
Kim Stencel, Treasurer
Jeff Gordon, Trustee
Mark Stencel, Trustee
Adam Chapdelaine, Zoning Administrator
Shelly Baumeister, Assessor

Re: Instructions for Buel Township Ordinance Complaint Form

Dear Citizen,

- Please see the attached Ordinance Complaint form. Please be sure to complete each section of the complaint form as fully as you are able. While Buel Township will investigate complaints for which there is a reasonable basis, it is the responsibility of the complainant to provide lawfully obtained evidence of the complaint if possible. Lawfully obtained videos, photographs, documentation, drawings, supporting statements from other witnesses and the like, relevant to the complaint, are helpful in investigating a complaint.
- Please be aware that your submission of this Complaint form may result in an investigation by Buel Township or another authority. Any information thereon or attached thereto may be subject to public discovery through the Freedom of Information Act, Court order and/or otherwise. If action takes place on the investigation, you may be subject to subpoena in said action as a witness.
- If you choose to, you may leave your identification information as “anonymous” but please be aware that this may limit Buel Township from investigation and enforcing any ordinance violations that are alleged on the Complaint form.
- Buel Township cannot process incomplete or illegible complaint forms.
- Please forward all completed Complaint forms to: Buel Township, ATTN: Zoning Administrator, P.O. Box 313, Croswell, MI 48422 or e-mail to: madac22@yahoo.com

Thank you for your correspondence,

Adam Chapdelaine
Buel Township Zoning Administrator

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VIOLATION AND/OR CONDUCT¹

Date of submission: _____ Phone: _____
 Name: _____ email: _____
 Address _____ Preferred contact (phone or email): _____

Are you willing to Testify if necessary (Y/N) _____

VIOLATION AND/OR CONDUCT²

Date(s) of violation and/or Conduct: _____
 Address of Violation and/or Conduct: _____
 Parcel Number(s) (if known): _____
 Property Owner(s) Name(s) _____
 Property Owner(s) phone _____
 Property Owner(s) Address if not at address above _____
 Can the violation be observed from the Public Right of Way? Y/N _____

Will you permit Buel Township access to your property to inspect violation(s) _____

NATURE OF COMPLAINT (please use additional pages if needed)

Please attach any other witness's names, contact information and witness statements.
 Is there cause for concern for the safety of anyone who may inspect the property or contact the alleged offender to investigate the complaint _____

Signature of Complainant

(Please do not complete below / Official Use)

Received	Action Taken	Inv. Opened	Closed
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¹ ANY information provided may be subject to public disclosure. Identification information may be left blank but this may limit and/or prohibit the Township from investigating and enforcing ordinance violations that are alleged herein.

²Please provide a detailed statement regarding your complaint and the relief sought.