

**Boardman Township Blight Complaint Form**

**Blight complaint per ordinance 05-07-02, 05-07-03, or 05-07-04 with effective date June 13, 2003**

**Property Owner Name:** \_\_\_\_\_

**Property Owner Address** \_\_\_\_\_

**Physical location of property:** \_\_\_\_\_

**Complainant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complainant Printed Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Basis for Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use: Date Received** \_\_\_\_\_, **Property Tax Id#40-003-** \_\_\_\_\_ - \_\_\_\_\_

**Action Taken: First Notice** \_\_\_\_\_, **Second Notice** \_\_\_\_\_,

**Photos taken** \_\_\_\_\_, **Lawyer contacted** \_\_\_\_\_, **Final action** \_\_\_\_\_

**Zoning Administrator Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complaints must be sent to Boardman Township Zoning Administrator:**

**Mary Erickson**  
6424 Hudson Rd. SW  
South Boardman, MI 49680  
231-369-2551 – Fax 231-369-3366