

CITY OF PETOSKEY HEALTH & SAFETY COMPLAINT FORM

Complaint Location: _____ Complaint # _____

Open: _____

Type: _____

Closed: _____

Status: _____

Officer: _____

Rental: Yes No

Property Owner & Address: Name: _____ Address: _____ City: _____ State: _____ Zip _____ Phone: _____
Tenant: Name: _____

Complainant: Name: _____ Address: _____ City: _____ State: _____ Zip _____ Phone: _____
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Complaint: _____ _____

Other Actions/Follow Up:

TYPE

Date Closed: _____ Closed By: _____