

LEXINGTON TOWNSHIP

7227 Huron Avenue, Suite 200

Lexington MI 48450

Phone: 810-359-5500

Fax: 810-359-5481

www.lexingtontownship.org

Re: Instructions for Lexington 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 Lexington 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 Lexington 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 Lexington Township from investigating and enforcing any ordinance violations that are alleged on the Complaint form.
- ☐ Lexington Township cannot process incomplete or illegible complaint forms.
- ☐ Please forward all completed Complaint forms to: Lexington Township, ATTN: Zoning Administrator, 7227 Huron Ave., Suite 200, Lexington, MI 48450 or by e-mail to: zoning@lexingtontownship.org

Thank you for your correspondence,

Lexington Township Zoning Administrator

LEXINGTON TOWNSHIP

ORDINANCE COMPLAINT FORM

COMPLAINANT INFORMATION¹

Date of submission: _____ Phone: _____
Name: _____ e-mail: _____
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: _____
Person(s) responsible if not the property owners: _____
Can the violation be observed from the Public Right of Way? (Y / N): _____
Will you permit Lexington Township access to your property to inspect violation(s)? Y / N: _____

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:
-----------	---------------	--------------	---------

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.

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