

Alcona Township

Zoning Ordinance Violation Complaint Form

Date: _____

Name: _____

Address: _____

Phone #: _____

Signature: _____

Please Note: Your name will not be revealed unless it is necessary to take the issue to Court.

Complaint against Property Owner: All information must be included to complete the violation process. Failure to do so will result in delays in addressing the complaint.

Name: _____

Address: _____

Description of Complaint: Include any pictures or other documentation to support your complaint.

List the Ordinance Section that Pertains to the Violation

Complete the form and send it to: Alcona Zoning Administrator
5576 N. US-23
Black River, MI 48721

***The office of the Zoning Administrator is not a full-time position.
Complaints will be handled as timely as possible.***

Date received by Twp.: _____

Received by: _____

Date received by ZA: _____

Date resolved: _____