



**DEERFIELD TOWNSHIP  
Citizen Complaint Form**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING**

Date \_\_\_\_\_

Location and Address of Complaint \_\_\_\_\_

\_\_\_\_\_

Description of Complaint \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Property Owner \_\_\_\_\_

Property Address \_\_\_\_\_

Tax Mailing Address \_\_\_\_\_

Parcel ID# \_\_\_\_\_ Account # \_\_\_\_\_

Inspection Date \_\_\_\_\_ Violation Yes \_\_\_\_\_ No \_\_\_\_\_

Violation Section(s) \_\_\_\_\_

Comments \_\_\_\_\_

Letter 1 \_\_\_\_\_ Sent \_\_\_\_\_ Abatement Time \_\_\_\_\_

Citation \_\_\_\_\_ Sent \_\_\_\_\_ Abatement Time \_\_\_\_\_

Date Closed and Status \_\_\_\_\_