



# City of Williamston

1500 W. Grand River Avenue  
Williamston, MI 48895

---

## ZONING COMPLAINT FORM

This form is to be completed for all zoning complaints within the City of Williamston. Please fill out items 1 through 6 below. When possible please indicate in item 6 the appropriate zoning article believed to be violated. Investigation findings and actions taken will be completed by the City of Williamston Zoning Administrator within 10 working days from the date of receiving the complaint. Both the complainant and alleged violator will be notified in a timely manner.

1. Date: \_\_\_\_\_

2. Complainant: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

4. Alleged Violator: \_\_\_\_\_

5. Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

6. Alleged Violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Investigation Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Actions Taken: \_\_\_\_\_  
\_\_\_\_\_

---

---

---

---