

TOWNSHIP of LIGONIER

NUISANCE COMPLAINT FORM

Date:	Time:
Type of Nuisance:	
	the complaint:
	ce is located)
Tenant/Resident (if different th	an owner):
Location (Address of complain	t):
NI	COMPLAINTANT INFORMATION: Telephone:
	Telephone:
The undersigned Complaintant cooperate with the Township in	submits this formal complaint to Ligonier Township and agrees to a the investigation and/or resolution of the Complaint.
	Signature of Complaintant
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Investigated by	TOWNSHIP USE ONLY Date:
	Township Official
Report of Finding:	Nuisance Violation: () yes () no
Action of Ligonier Township:	
Certified Letter Sent Turned over to Solicitor	Written Notice Sent Contacted by Telephone Other
Date of Compliance:	
Notes:	
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