

**Inverness Township Blight Ordinance Complaint Form**

Date: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Specify Violation: \_\_\_\_\_

Person Filing Complaint: (Optional) \_\_\_\_\_

Phone #: (Optional) \_\_\_\_\_

**Please Return To:  
Inverness Township Clerk  
P.O. Box 6009  
Cheboygan, MI 49721**