

TOWN OF ALMOND

COMPLAINT FORM

LANDOWNER INFORMATION

Name: _____

Address: _____

Phone number: _____

OCCUPANCY OF RESIDENCE

Year Round

Seasonal

If rented, name of occupants: _____

LOCATION OF PROPERTY

Township _____

Address _____

Check if within the Village of Almond

Nature of complaint:

COMPLAINANT

Name: _____

Address: _____

Phone number: _____

Signature: _____ Date: _____

After completion of this form, submit to Municipal Association for Code Enforcement (MACE) by email.
Complaints can also be called in via phone.

Email: kmargerum.mace@gmail.com

Phone: 585-365-2928