

Date \_\_\_\_\_

Complaint # \_\_\_\_\_

**COMPLAINT FORM FOR  
WASHINGTON TOWNSHIP, LOGAN COUNTY, OHIO**

The undersigned requests a representative of Washington Township, Logan County, Ohio investigate this complaint and report the outcome back to the person that completed this form. If the complainant does not complete this section below, then no action will be taken by Washington Township employee

Complainant's Name \_\_\_\_\_

Complainant's Address \_\_\_\_\_

Complainant's Phone Number(s) Home \_\_\_\_\_ Cell \_\_\_\_\_

Complainant's Email Address \_\_\_\_\_

Details of Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location/Address of Complaint \_\_\_\_\_

\_\_\_\_\_

**Reviewed By** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parcel #(s)** \_\_\_\_\_ **Parcel Zoned** \_\_\_\_\_

**Parcel Owner** \_\_\_\_\_

**Parcel Owner's Address** \_\_\_\_\_

\_\_\_\_\_

**Date of Site Visit** \_\_\_\_\_ **Time** \_\_\_\_\_ **Done By** \_\_\_\_\_

**Pictures Taken: Yes** \_\_\_ **No** \_\_\_ **Quantity** \_\_\_ **Location of Pictures** \_\_\_\_\_

**Proposed Solution** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supporting Information (All Black text) to be provided by the Complainant. All red text information to be completed by township employee assigned to this complaint.

Date \_\_\_\_\_

\_\_\_\_\_  
Reviewed by

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_

Date Filed \_\_\_\_\_ For Official Use Only  
Date of Notice Sent to Parcel Owner \_\_\_\_\_