

**DANGEROUS OR UNSAFE BUILDING COMPLAINT FORM**

**CARSON CITY DANGEROUS BUILDING ORDINANCE**

**652 N Williams St PO Box 340  
Carson City, Michigan 48811**

Complaint No. \_\_\_\_\_

Problem or Violation: \_\_\_\_\_

\_\_\_\_\_ Suspect/location (if address is known)

Parcel Owner: \_\_\_\_\_

Address of Parcel Owner: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Address of Parcel: \_\_\_\_\_

Suspect/Location (if address is *not* known)

Next to: \_\_\_\_\_

Across from: \_\_\_\_\_

Bldg., Color, Name, etc. \_\_\_\_\_

Witness

Person Reporting: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Anonymous Complaint: \_\_\_\_\_

Officer

Badge #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location or Address of Incident: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_