

# FAIRFIELD TOWNSHIP COMPLAINT FORM

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

Received by: \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of problem: \_\_\_\_\_

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

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Disposition of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_