

# FAIRFIELD TOWNSHIP COMPLAINT/NUISANCE FORM

Complainant \_\_\_\_\_

Date Called In \_\_\_\_\_

Complaint/Nuisance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address to Check \_\_\_\_\_

Department Assigned to \_\_\_\_\_

Date Assigned \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed

\_\_\_\_\_

Signature

\_\_\_\_\_

**\*Return to Department Supervisor when work is complete.**