



Loyall Bennett, Building Inspector
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Benton Charter Township Complaint Request

A Copy of your complaint and submitted materials will be included with a request for a response.

(The following Section is to be filled out by the **Complainant**, please print clearly or type the information)

Name: _____

Organization/Firm: (leave blank if none): _____

Mailing Address: _____

City: _____, State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Select how you would like to receive your response:

☐ E-Mail

☐ Fax

☐ Mail

☐ Do Not Want Contacted

Please provide a detailed description of what the complaint is / Business / Individual / what it is regarding:

Address: _____ Parcel ID: 11-03-_____

A request sent by e-mail or other electronic means is not considered received until (1) Business Day after it is transmitted. If the Request is sent to a Spam or Junk Mail Folder, it is not considered received until (1) Business Day after it is discovered.

Complainant's Signature: _____ Date: _____

Processed By: _____ Date: _____

Sent Via: _____ Date: _____

Additional Notes: _____

E-Mail Completed Form to dscaif@bentonchartertownship-mi.gov