

**Charlevoix County Department of Building Safety
Soil Erosion Control Program
301 State St. Suite #5
Charlevoix, MI 49720
(231) 547-7236
Fax (231) 547-7250**

P.A. 451, Part 91/Stormwater Complaint Form

Date of Complaint: _____

Complainant Information:

Name: _____

Address: _____

Phone: _____

Complaint Filed Against:

Name: _____

Address: _____

Phone: _____

Site Address: _____

Township: _____ Section: _____

Directions to the site:

Nature of Complaint: Soil Erosion _____ Stormwater _____ Both _____

Signature of Complainant: _____ **Print Name** _____ **Date** _____

For Office Use Only: Received: _____ Inspection Date: _____ Inspected By: _____

Jurisdiction: Yes No Problem: _____

Action Taken: _____