

Au Train Township Noise Ordinance
Complaint Form

Date: _____

Time: _____

Property Location/Address: _____

Current Owner (if known): _____

Mailing Address/Phone: _____

Tenant Occupied? Yes/no - Tenant Name (if applicable) _____

Type of Noise:

Explanation: Please provide as much detail as possible:

Name of Complainant: _____

Address: _____

Date: _____ Time: _____ Phone: _____

Signature: _____

Received by: Au Train Township Board Member _____

Signature/Title

Date: _____ Time: _____