☐ I have read the Village of Berrien Springs Code Enforcement Process
☐ I have spoken with the Code Enforcement Officer
☐ Not applicable

VILLAGE OF BERRIEN SPRINGS SITUATION FORM

NO: _____ DATE & TIME: _____

TAKEN BY: _____

Complaintant name: _____

Address: _____

Telephone: _____

The above information is confidential

COMPLAINT DESCRIPTION: _____

_____

_____

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COMPLAINT DIRECTED TO: _____

DISPOSITION OF COMPLAINT: _____

_____

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_____

_____

_____

SIGNATURE: _____ DATE: _____

This section to be filled out by the appropriate Village of Berrien Springs employee or trustee