

BENTON TOWNSHIP BLIGHT COMPLAINT

DATE: _____

LOCATION OF BLIGHT:

Name (if known): _____

Address: _____

DESCRIPTION OF VIOLATION / REASON FOR COMPLAINT:

CONTACT INFORMATION:

Name: _____

Phone: _____

For more information please contact:

Benton Township
5012 Orchard Beach Road
Cheboygan, MI 49721
231-625-9176
bentowntwp@bentontwp.org