GARBAGE HAULER COMPLAINT FORM

NAME OF NAME OF FIRM:_____

NATURE OF INCIDENT:_____
_____
_____
_____
_____
_____
_____

DATE OF INCIDENT:_____

LOCATION OF INCIDENT:_____

RESIDENT NAME AND PHONE NUMBER:_____

FIRM CONTACTED BY RESIDENT? **YES** **NO**

When complete, please send to:

Penny S. Shults, Clerk Charter Township of Orion 2525 Joslyn Road, Lake Orion, MI 48360
pshults@oriontownship.org

Or, call the Clerk's Office at (248) 391-0304, ext. 104, to report any issues or concerns.