

COMPLAINT FORM
CITY OF NOVI
Community Development Department
(248) 347-0415

Complaint No: _____

Name of Complainant: _____

Address: _____ Zip: _____

Telephone Number: _____

Location of Complaint: _____

Person this Complaint is regarding: _____

Address: _____ Zip: _____

Telephone Number: _____

Date Certificate of Occupancy was issued, if applicable: _____

***Please note** – prior to filing a complaint please contact your builder, landlord, managing company, etc. in writing to try and reach a solution. Please submit a copy of this correspondence with the complaint.

****Flooding** – if this is regarding a flooding complaint please indicate the date and time that the flooding occurred.

Date: _____ Time: _____

STATEMENT OF COMPLAINT

Signature of Complainant

Date