

Village of Mackinaw City  
**ZONING OR NUISANCE COMPLAINT FORM**

Description of Complaint:

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Complainant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Complainant's Phone: \_\_\_\_\_  
 Complainant's Home address: \_\_\_\_\_

(You need not include your name. There is no follow-up with anonymous complaints.)

Action Taken:

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Mail to:	Fax to:	Email to:
Zoning Administrator Village of Mackinaw City 102 S. Huron, PO BOX 580 Mackinaw City, MI 49701	Attn: Zoning Administrator 231-436-4166 <i>anonymous complaints only</i>	village@mackinawcity.org <i>anonymous complaints only</i>

NOTE: Follow up will occur only after original, signed complaint form is received by mail or in person.