HUBBARD TOWNSHIP COMPLAINT FORM

To be completed for all personal or telephone complaints regarding township operated or regulated services.

Date:_	Time	e:		
Received By:				. *
Complaintant's Name:		32	I)	٠
Complaintant's Address:	(*)			
Complaintant's Phone:				
Department:		N .		
<u>Trustees</u> <u>Fiscal O</u>	fficer Police	Dood Doot		
	Tricel Folice	Road Dept	Zoning	
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Location of Complaint:	Ř.		u u	
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Nature of Complaint:			Total Control of the	
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Complaint will Cine				
Complaintant's Signature:		Date:		4
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Referred To:	N.	¥ × 0		
	12	27.23		
Action Taken:				
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