

**ROAD/DRAIN COMPLAINT FORM**

**ERIE TOWNSHIP  
ERIE, MICHIGAN**

Date: \_\_\_\_\_

COMPLAINT AGAINST \_\_\_\_\_ Road

\_\_\_\_\_ Drain

Name of Road or Drain: \_\_\_\_\_

Location of problem: \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person registering complaint: \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Complaint taken by: \_\_\_\_\_

Faxed to: \_\_\_\_\_ Monroe County Road Comm.      \_\_\_\_\_ Monroe County Drain Comm.

Date: \_\_\_\_\_