Village of Hopkins Residents Complaint Form

Complainant's Details

Name _____ Contact Telephone_____

Contact E-Mail _____

Details of Complaint (i.e. what is it that you want to complain about)

Date:_____ Time:_____ Place_____

Details:_____

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I_____ hereby, authorize the Village of Hopkins to

(Print Name)

Purse this complaint with the Village of Hopkins Ordinance Enforcers.

Complainant's Signature: _____Date_____

Office Use: Date Received: _____

Mail Complaints to Village of Hopkins PO Box 337 Hopkins Michigan 49328 or email to President@villageofhopkins.org