



City of Eaton Rapids Code Violation Form

If you have a concern regarding an individual who you suspect may be in violation of a City Ordinance, please complete this form and a member of the administrative staff will respond within one calendar week.

Name: _____ Phone: _____

Address: _____

Email: _____

Suspected Violation:

Signature: _____ Date: _____

Office Use Only:

Action taken: _____

Supervisor: _____ Date: _____