

City of Eaton Rapids Code Violation Form

If you have a concern about an individual who you suspect is in Violation of a City Ordinance, please fill out the information below and a member of the administrative staff will respond within one calendar week.

Name: _____

Address: _____

Suspected Violation: _____

Signature: _____ Date: _____

Office Use Only:

Action taken: _____

Supervisor: _____ Date: _____