



CITY OF KEEGO HARBOR

"Heart of the Lakes"

2025 Beechmont
Keego Harbor * Michigan * 48320

Complaint Form – Code Enforcement/Blight

Date: _____

Name: _____

Address: _____

City, State and Zip: _____

Phone: _____

Subject/Address of Complaint: _____

Please write your complaint below. If you need more room, please use the back of this form. Your complaint will be directed to the appropriate department and investigated. You will receive a response from that department within a reasonable time.

OFFICE USE ONLY:

Assigned to: _____

Action taken: _____

Follow up dates:

Date closed: _____

Forward Complaint To: City Manager