

ROAD COMPLAINT FORM
(Request for action)
DEERFIELD TOWNSHIP
(810) 793-6700 Fax (810) 793-4077

Date: _____ **Phone** _____

Person initiating complaint:

Address: _____

Nature of complaint: _____

HOW LONG HAS THE ABOVE CONDITION BEEN A PROBLEM?
A few days _____ A few weeks _____ More than a Month _____ On going _____

DID THE ROAD CONDITION CAUSE ANY DAMAGE TO YOUR VEHICLE OR AN ACCIDENT? _____

Forwarded to LAPEER COUNTY ROAD COMMISSION on _____ for further corrective action.

Please provide Deerfield Township with a complaint number for further follow-up and reference. Date of Action _____ Authorized Signature _____

Action Taken: _____

