

Trash Hauler Complaint Form

Name of Trash Hauler: _____

Complaint: _____

Date of incident: _____

Your address: _____

Your name: _____

Your phone number: _____

Did you contact the Trash Hauler to try to resolve? _____

Please send completed complaint form to:

**Penny S. Shults, Clerk
Orion Township
2525 Joslyn Road
Lake Orion MI 48360
pshults@oriontownship.org**