

**Arlington Township**  
**Van Buren County, Michigan**  
**Complaint Form Regarding Marijuana**

Date of Complaint: \_\_\_\_\_

Complainant (Optional): \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
Contact Phone Number    Email

Complaint Against Address: \_\_\_\_\_

Describe your complaint:

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Submit completed form online to [mac@arlingtontownship.org](mailto:mac@arlingtontownship.org) or return form to:  
Arlington Township 52022 34<sup>th</sup> Avenue, Bangor, MI 49013