

**Lawrence Township Marihuana Agency
Complaint Form**

Facility Address: _____

Facility Name (optional): _____ Date of Complaint: _____

Complainant:

Name: _____ Phone Number: _____

Complaint: _____

(Use the back side of this page if more space is needed.)

Return to the Lawrence Township Marijuana Agency via mail to P.O. Box 445, Lawrence, MI 49064; or Fax to 269-674-4502; or scan or photograph and email to maadmin@lawrence-township.org; or hand deliver to the Township offices at 411 N Paw Paw St., Lawrence, MI 49064 on Monday thru Thursday from 7 a.m. to 3 p.m.

Office Use Only:

Received by: _____ Date Received: _____

License number(s): _____

Assigned for investigation date: _____ Follow-up date: _____

Action taken: _____

Complaint resolved: ___ Yes ___ No Date closed: _____