

CENTRE TOWNSHIP
449 Bucks Hill Road
Mohrsville, PA 19541
Telephone: 610-926-8833
Fax: 610-926-8832
EMail: centretwp@comcast.net

RESIDENT COMPLAINT FORM

Use this form to record and report possible violations or concerns related to any Township Ordinance or Regulation you observe. Please return to Centre Township Municipal Building during Normal Business Hours or Email it to centretwp@comcast.net

PLEASE PRINT LEGIBLY

PROPERTY ADDRESS OF VIOLATION: _____

LOCATION OF VIOLATION AT THE SITE: _____

NAME OF OWNER / OCCUPANT OF PROPERTY IN VIOLATION (If Known):

DATE AND TIME OF ALLEGED VIOLATION: _____

COMPLAINT (Please Include All Pertinent Details of Alleged Violation):

NAME OF RESIDENT SUBMITTING COMPLAINT: _____

ADDRESS: _____

PHONE (DAYTIME) _____ EMAIL: _____

RESIDENT SIGNATURE: _____ DATE: _____

FOR TOWNSHIP USE ONLY:

VIOLATION PROPERTY ADDRESS: _____

RESIDENT NAME: _____

DATE COMPLAINT FORM RECEIVED BY TOWNSHIP: _____

DATE BOARD OF SUPERVISORS REVIEW: _____

BOARD OF SUPERVISORS ACTION: _____

COMPLAINT FORWARDED TO: _____

DATE COMPLAINT FORWARDED TO ABOVE OFFICIAL: _____

TOWNSHIP OFFICIAL'S ACTION ON COMPLAINT: _____

