

TOWNSHIP OF FRAZER

Pennsylvania

Code Enforcement Department

COMPLAINT FORM

Complainant Name: _____

Street/Mailing Address: _____

Email Address: _____

Telephone No: _____ Fax No: _____

Complaint filed against: _____

Address where Complaint located: _____

Length of time problem has existed: _____

Nature of Complaint (Please use the appropriate space to detail and describe the Complaint): _____

Signature of Complainant

Date

As a policy, Frazer Township will investigate the above referenced complaint once this form is appropriately completed and signed where indicated. Failure to sign and complete this form will void the investigative process.

TOWNSHIP USE ONLY:

Date Received: _____ **Received By:** _____ **File No:** _____