



65 Shady Tree Drive, Mountain Top, PA 18707

## Complaint Form

Date: \_\_\_\_\_

Nature/Type of Complaint:

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Person Named in Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Person Filing Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Other Remarks: \_\_\_\_\_

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PLEASE COMPLETE AND SUBMIT TO TOWNSHIP SECRETARY OR ZONING OFFICER. ALL COMPLAINTS MUST BE SIGNED WITH TELEPHONE NUMBER. NO ANYMOUS COMPLAINTS WILL BE ACCEPTED. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL. THANK YOU.