

Hegins Township

421 S. Gap St. Valley View, PA 17983 (570) 682-9133

Complaint Form

All requested information on this form must be complete and legible.

Complainant Information:

Name: _____ Address: _____

Daytime Phone: _____ Email Address: _____

Is the issue outlined within this complaint visible from a public street or area? Yes No

If no, I hereby give the Township's authorized agent permission to enter upon my property to investigate this complaint.

Complainant's Signature

Complainant's Printed Name

Date

Complaint Information: (use separate sheet if necessary)

Address of Complaint: _____

Location of Issue on Property: _____

Date/time issue(s) started: _____ Is the issue currently ongoing? Yes No

Description of complaint:

Automobile information (if applicable): _____
Color Make Model License #

Complainant's Signature

Complainant's Printed Name

Date

Property Owner Information

Owner's Name: _____ Owner's Phone: _____

Owner's Mailing Address: _____

FOR TOWNSHIP USE ONLY:	
Received by: _____	Date Received: _____
Sent to: <input type="checkbox"/> Code/Zoning Officer <input type="checkbox"/> Police Dept. <input type="checkbox"/> Highway Dept.	Via: <input type="checkbox"/> Email <input type="checkbox"/> In Person
Date: ____/____/____	