

**WESTFALL TOWNSHIP
COMPLAINT FORM**

LOCATION OF COMPLAINT: _____

NAME OF OWNER: _____

TAX MAP NUMBER: _____

DESCRIPTION OF COMPLAINT:

IT IS WESTFALL TOWNSHIP POLICY TO INVESTIGATE AND ACT UPON ANY COMPLAINT THAT IS FILED WITH THE TOWNSHIP. THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED TO BE CONSIDERED A LEGITIMATE COMPLAINT.

COMPLAINANT: _____

ADDRESS: _____

PHONE: _____

SIGNATURE OF COMPLAINANT: _____

DATE: _____

ALL COMPLAINTS WILL BE ACTED UPON WITHIN 30 DAYS FROM THE DATE THE COMPLAINT WAS FILED. PLEASE INCLUDE A SKETCH OF THE VIOLATION (IF APPROPRIATE) ON THE BACK OF THIS FORM.