UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD BREINIGSVILLE, PA 18031



(610) 395-4892 FAX (610) 395-9355

Complaint Form

| PREMISES LOCATION: | | OWNER OF RECORD: |
|--------------------------------|-------------------|--|
| | _ | |
| PIN NUMBER: | _ _ | |
| | urring at the abo | ove noted premises as detailed below. Cormation as to the specified complaint |
| | | |
| | | |
| | | |
| | | |
| I am willing to testify at the | District Court | I have independent evidence or photos. (attach copies) |

| Additional witnesses: (provide names, additional witnesses) | resses and phone numb | pers) | |
|---|-----------------------|--------------------------|-----------|
| I swear that this complaint is true and | correct, and unders | stand that false stateme | ents made |
| herein are subject to penalties of perju | ry. | | |
| Name of Complainant (Print) | Signature | | Date |
| Street Address | | Phone | |
| City | State | Zip Code | |
| To be completed by Township Official: | | | |
| Investigation conducted by? Disposition: | | | |
| | | | |
| Township Official: | | | |