

UPPER MACUNGIE TOWNSHIP
8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



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

PREMISES LOCATION:

OWNER OF RECORD:

PIN NUMBER: _____

I, _____, hereby request that a Township Official
(Print Name)

investigate my Complaint, occurring at the above noted premises as detailed below.
Please provide a written signed statement of the information as to the specified complaint to be investigated. Attach additional sheets if necessary.

_____ I am willing to testify at the District Court. _____ I have independent evidence or photos.
(attach copies)

