



UPPER MACUNGIE TOWNSHIP
8330 Schantz Road
Breinigsville, Pa 18031
Phone 610-395-4892
Fax 610-395-9355

For Office Use Only	
Received by: _____	Date: _____
Entered by: _____	Date: _____

Request for Investigation and/or Service

This form is a public record and will be provided to anyone requesting a copy, including the person alleged to be the source of the complaint

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)

AUTHORIZATION FOR ENTRY OF THE PREMISES

PREMISES LOCATION:

OWNER OF RECORD:

PIN NUMBER: _____

I, _____, have requested / authorized the Upper Macungie Township Zoning & Code Enforcement Officer, to conduct an inspection of the above noted premises. I am in control of the premises as a tenant, owner or authorized agent and hereby give authority to enter and inspect all areas of the premises.

Print Name of Authorizing Person

Address

Phone

City

State

Zip Code

Signature of Authorizing Person