

# HUNTINGTON TOWNSHIP

PO BOX 247  
YORK SPRINGS, PA. 17372

PHONE: 717-528-4027

FAX: 717-528-7052

## COMPLAINT FORM

The purpose of this form is to establish a written record of a formal complaint concerning a condition in the Township or violation of a Township Ordinance. The person making this complaint must understand that the Township cannot act on anonymous complaints or the Township could be charged with harassment. Your identity will be kept in confidence unless we are compelled to reveal it by legal proceedings. You must understand that this in no way guarantees your anonymity as the subject of your complaint might guess or learn your identity by other means.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Your Complaint: \_\_\_\_\_

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\_\_\_\_\_

USE OTHER SIDE FOR MORE SPACE

Property Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_

For Township Use

Date: \_\_\_\_\_

Investigated By: \_\_\_\_\_

Violation of Ordinance: \_\_\_\_\_

Action Recommended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Township Action: \_\_\_\_\_

\_\_\_\_\_