BOROUGH OF HUNKER

COMPLAINT FORM OR REQUEST To Mayor and Hunker Borough Council:

402 Constitution Avenue PO Box 350, Hunker PA 15639

Phone/Fax: (724) 925-6535

hunkerborough@comcast.net

hunkerborough@comcast.net	Da	ate:	
<u>Complainant Information – (your information)</u>			
Name:	F	hone:	
Address:			, Hunker PA 15639
Email:			
Please provide as much information as possible about Property Address:	ıt your comp	laint in the	area below:
Property Owner (if known):			
Signature of Complainant:			
As a policy, the Borough of Hunker will investigate the above-referenced complaint once this form is properly filled out and signed. Failure to sign and complete this form will void the process.			
Hunker Borough Council meets the first Thursday of each month; 6:30 PM; Hunker Borough Community Center			
FOR OFFICAL USE ONLY			
Complaint Received by:	Date:	Con	nplaint#:
Assigned to:	_ Date:	Tim	e:
Results:			