

WOLF TOWNSHIP, LYCOMING COUNTY, PA

COMPLAINT FORM

This form must be completed for all filings of complaints. All complaints shall be made in writing and filed with the office of Wolf Township or Code Inspections, Inc. (a third party enforcement agency retained by Wolf Township). The person or persons filing this complaint shall understand that by signing and/or attesting to the information contained herein may be asked and/or summoned by subpoena to provide testimony on this report. Accordingly, Wolf Township can only respond to your report if the requested information on this form is provided. Remember, all names are kept confidential unless otherwise forced by law. (Please print legibly.)

NAME OF COMPLAINANT: _____

ADDRESS: _____

TELEPHONE NUMBER (HOME/CELL): _____

NAME OF OWNER(S) AND PROPERTY'S ADDRESS WHERE ALLEGED VIOLATION IS OCCURRING:

PLEASE DESCRIBE THE ALLEGED VIOLATION IN DETAIL: (Times and dates of alleged violations are needed with pictures, if possible)

PLEASE SIGN HERE THAT YOU AGREE THAT THE COMPLAINT DESCRIBED ABOVE IS TRUE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE:

(Complainant's Signature)

(Date)

Office Use:

Tax Parcel #

Referred To: