

JEFFERSON TOWNSHIP
SEWAGE COMPLAINT
REQUEST FOR INVESTIGATION

DATE: _____

All of the following information is to be supplied, in order that an investigation can be conducted. Please complete all of the sections, as this information may be needed for legal proceedings.

NAME _____
MAILING ADDRESS _____
PHONE NUMBER _____
BUSINESS PHONE _____

NATURE OF COMPLAINT - GIVE A FULL DESCRIPTION OF THE PROBLEM:

NAME(S) OF INDIVIDUAL(S) AGAINST WHOM YOU ARE LODGING THE COMPLAINT:

NAME _____
ADDRESS _____
PHONE NUMBER _____

Is the person or persons against whom the complaint is lodged the owner of the property? check One:

YES _____ NO _____

If NO, give the name of the party who owns the property.

NAME _____
ADDRESS _____
PHONE NUMBER _____

ON THE REVERSE SIDE of this page, give a full description of how to get to your residence and how to get to the violator's residence, if it is not in the immediate vicinity.

IN ADDITION, if you wish, you may draw a small map indicating the nature of your problem (your property, your neighbor's property, location of the problem (*such as sewage discharge*) as it relates to your property or your neighbor's property.) IF water wells are involved, please show the location of your well and your neighbor's well.

Submit the form to Jefferson Township, 157 Great Belt Rd., Butler, PA 16002 Fax 724-352-8850 or e-mail to jefftwpmgr@zoominternet.net

QUESTIONS - Contact the **Sewage Enforcement Officer - Patrick West** - 724-996-4753