



**HOP BOTTOM BOROUGH QUESTION & COMPLAINT FORM**

Borough Office: PO Box 175 • 20 Forest Street • Hop Bottom, PA 18824

Phone: (570) 289-4032 • Email: hbsec@hotmail.com

Date : \_\_\_\_\_ Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Time & Location of Issue (date, street address or clear description):  
\_\_\_\_\_  
\_\_\_\_\_

Nature of question or complaint:  
(Please describe the issue in detail, including dates, times, people involved, and any other relevant information)

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

(Attach additional sheets if needed)

What steps did you take to resolve this matter:  
(Please describe the issue in detail, including dates, times, people involved, and any other relevant information)

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

(Attach additional sheets if needed)

I certify that the information provided above is true and correct to the best of my knowledge.

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

**(PLEASE MAIL TO ADDRESS ABOVE OR DEPOSIT IN LOCKBOX ON THE SECRETARY'S DESK)**

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**FOR BOROUGH USE ONLY**

Referred to:  Code Enforcement  Police  County  Other: \_\_\_\_\_  No Action

Borough Action Taken / Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Borough Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_