

MORGAN TOWNSHIP
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SUPERVISORS:
Jeff Sholtis, Chairman
Shirl Barnhart, Vice Chairman/Supervisor
Erik Mullen, Supervisor

SECRETARY/TREASURER:
Relda K. Litten

COMPLAINT FORM

Complaint Number: _____ Date of Complaint: _____

Nature of Complaint: _____

Place or Location of Complaint: _____

Property Owner Name: _____

Address: _____ Phone: _____

Person making Complaint: _____

Address: _____ Phone: _____

Please state how this matter is affecting you or your property: _____

Does this matter endanger other structures? Yes_____ No: _____

When did you discover this problem? _____

How long has this problem existed? _____

Have you filed a complaint with the township concerning this matter at any other time? Yes__ No__

Have you filed a Civil Complaint about this matter or do you plan to file a Civil Complaint concerning this matter against the other Party if it is found that this matter is not in violation of any Township Ordinances? Yes_____ No _____

NOTICE: BY SIGNING THIS COMPLAINT, I AM STATING THAT I REALIZE THIS DOCUMENT STATES WHAT I HAVE OBSERVED AND IF THIS MATTER IS APROVED FOR CITATION BY THE TOWNSHIP, I WILL ATTEND THE HEARING THAT WILL BE SCHEDULED AT THE DISTRICT COURT TO ATTEST TO THE FACTS AS STATED.

Signature of Person making Complaint