

**Polk Township Resident Complaint Form - CONFIDENTIAL**

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

Complaint's Name: \_\_\_\_\_

Complaint's Phone: \_\_\_\_\_

Complaint's Address: \_\_\_\_\_

**Alleged Violation Information**

Name of Person in Violation (if applicable): \_\_\_\_\_

Location of Violation: \_\_\_\_\_

Violation: \_\_\_\_\_

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

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

The Codes Officer will contact you regarding any additional details.

Return this form to: Polk Township  
P.O. Box 137  
165 Polk Township Rd  
Kresgeville, PA 18333

Office: 610-681-5376  
Fax: 610-681-3063

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**FOR TOWNSHIP USE ONLY**

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

Roadmaster: Y\_\_\_ N\_\_\_

Action Taken: \_\_\_\_\_

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

Date Resolved: \_\_\_\_\_

Codes/Zoning Officer Signature: \_\_\_\_\_