

Complaints of Property Issues

Complaint from (circle all that apply):

Visitor    Employee        Neighbor        Occupant        Other \_\_\_\_\_

Name and Contact Info of Complainant: \_\_\_\_\_

\_\_\_\_\_

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

Apt #/Suite #/Guest Room # \_\_\_\_\_

Describe the issue: \_\_\_\_\_

\_\_\_\_\_

Name of Person Taking Complaint \_\_\_\_\_

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

Please fill out this form to the best of your ability so that the Township may track issues with properties for statistical purposes only at this time.