## **WASHINGTON TOWNSHIP**

1021 Washington Blvd Bangor, PA 18013

Phone (610) 588-1524

Fax (610) 588-0245

## **COMPLAINT and/or REQUEST FOR INVESTIGATION**

This form is a public record and will be provided to anyone requesting a copy, including the person alleged to be the source of the complaint.

PREMISS LOCATION:		OWNER OF RECORD:	
	<del>-</del>		
Tax Map I.D.	_	<del></del>	
(Print Name) Complaint, occurring at the al	pove-noted premises	est a Township Official, to investigate my sas detailed below: on as to the specific complaint to be investigated. Attach addition	onal
☐ I am willing to testify at the  Additional witnesses: (Provide na	(a	have independent evidence or photos.  attach copies) numbers)	
I swear that this complaint is penalties of perjury.	true and correct, and	d understand that false statements made herein are subje	ct to
Name of Complainant (Print)	Signature	Date	
Street Address			
City ************************************	State ***************	 Zip ***********************************	***
Investigation Conducted? Disposition:	Time	eted by township official: ::	
Townshin Official:			