NOTICE: Please be aware that you may be contacted by Township personnel or the Zoning Officer for more factual information regarding the complaint.

Please Note:

For Complaint to be accepted **ALL** information must be filled out.

SADSBURY TOWNSHIP
2920 Lincoln Highway
PO Box 261
Sadsburyville, PA 19369

Today's Date: _____ Time: _____

Type of Complaint: _____
(Roads, Public Safety, Zoning, Neighbor, Other)

Location/Address: _____

Residents Name: _____

Your Name & Address (Required) _____

Your Telephone, Cell Phone & E-Mail Address (Required)

_____

COMPLAINT:

_____

_____

_____

_____

_____

_____

_____

Complainant Signature: _____
REQUIRED

Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

TOWNSHIP CODE AND ZONING USE

Who Was Notified & How _____ Date: _____
TOWNSHIP CODE AND ZONING USE

Action Taken: _____

Complainant contacted and advised of action taken: _____

Date: _____ Time: _____

By: _____