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
Fax: 610-857-2690
Email: sadsburytownship@comcast.net

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)

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COMPLAINT:

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Complainant Signature: ______________________

REQUIRED

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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: ______________________

Email form to Sadsbury Township