

COMPLAINT
Salisbury Township
Lancaster County, Pennsylvania

Official Use Only

Date _____

No. _____

Acct. # _____

Name of Complainant _____ Phone No _____

Address of Complainant _____

Nature of the Complaint _____

Owner of Complaint Property _____

Address of Complaint Property _____

Have You Reported This Complaint Previously?

Yes No

Complainant Signature _____

Remain Confidential Yes No

Required

Received By _____

SITE INVESTIGATION

Date _____

