Ward 48-000- Account #

SPRING GARDEN TOWNSHIP
COMPLAINT FORM

Date and time: _____ INFORMATION TAKEN BY: _____

LOCATION OF PROBLEM: _____

_____

DESRIPTION OF COMPLAINT: _____

_____

_____

_____

_____

COMPLAINANT'S NAME: _____

ADDRESS: _____

_____ PHONE: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

_____

ACTION TAKEN BY TOWNSHIP

Date Inspected: _____ By: _____

Problem Found: _____

_____

Notification made by Township

□ Telephone Call _____ □ Certified Mail _____
□ Letter _____ □ Other _____
□ Personal Visit _____

COMMENTS:

_____

_____

_____