



SPRING GARDEN TOWNSHIP

340 TRI HILL ROAD
YORK, PA 17403-5709

PHONE NUMBER: 717.848.2858
www.springgardentwp.org

Resident Complaint Form

Complaints can have serious and possibly unintended consequences. PLEASE CONSIDER CAREFULLY BEFORE REGISTERING COMPLAINTS AGAINST FELLOW MEMBERS OF YOUR COMMUNITY. The Board of Commissioners requests that you attempt to work out differences among neighbors prior to filing complaints with the Township. The Township will not be involved in feuding and will attempt to bring violators of ordinances into voluntary compliance prior to resorting to prosecution as provided by ordinance.

In order to facilitate any investigation or any subsequent action, we require that the complainant provide their contact information and sign this form. Complaints may result in proceedings that require witness testimony if a hearing is deemed necessary. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings. If the information on THIS FORM IS NOT PRINTED LEGIBLE OR MISSING CONTACT INFORMATION, THE COMPLAINT WILL NOT BE ACCEPTED. PLEASE PROVIDE AS MUCH INFORMATION REGARDING THE COMPLAINT ALONG WITH PHOTOGRAPHS. The more information you can provide, the better you can assist our officials with their investigation of your complaint. Please feel free to use the back of this form for additional space.

Date: _____

Information on Property in Violation

Address of property in violation: _____

Specific location of the violation (Front porch, behind the garage, etc.):

Type of property: Owner/occupied Rental Commercial

If rented, owner(s) name and phone number: _____

Is the property occupied? Yes No Unknown

Complaint Type: (Check all that apply): Junk & debris High grass/weeds (in excess of 6" tall)
 Storage of motor vehicles (unlicensed, unregistered) Exterior maintenance (conditions of structures including fences) Sidewalk Other Description of the violation, please be specific:

Information on Complaining Party

Priority will be given to complaints that include the information listed below. This information also will allow us to follow up with you as to the status of this case. The information provided will be kept confidential unless the complaint will be heard at the Magisterial District Justice level.

Address: _____

Telephone Daytime: _____ Cell: _____

Permission to view subject property from your property? Yes No

Your property address: _____

If the violation would go before the District Justice would you consider being a witness? Yes No

Name: _____ Signature: _____

Submit form by e-mailing to general@sgtwp.org or by mailing to Spring Garden Township, 340 Tri Hill Road, Suite A, York, PA 14703