LOYALSOCK TWP

Date_____ COMPLAINT FORM

Complaint From: _____ (Full Name)

Address:_____

Phone Number:_____ Email Address_____

Person/property complained about (Correct Address Required)

_____

_____

COMPLAINT(S):_____

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Ordinance/Code references:_____ (Official Use Only)

BE ADVISED: The Code Officer will determine whether an actual violation of the township code has occurred and the complaint is valid. A violation of the codified ordinances must exist in order for the township codes office to follow up with the notification process and/or enforcement of all complaints filed.