COMPLAINT FORM

PO Box 83, 17 Sherman Street, Ohiopyle, PA 15470
Secretary (724) 329-1662
secretary@ohiopyleborough.org

All complaints must be signed and must contain the name, address, phone number, and email of the complainant, as well as the same for the complaint to the best of their ability. Anonymous complaints will NOT be investigated. Names of complainants will not be made public; however, please be aware should the complaint result in enforcement proceedings, the Borough cannot protect the complainant's anonymity.

Complainant's Information: Date: _____

Name: _____ Phone #: _____

Home Address: _____ Email Address: _____

_____ @ _____.com

Complaint Information:

Name: _____ Phone #: _____

Site Address: _____

_____

Description of Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

I hereby affirm that in information contained in this Complaint Form is true and correct to the best of my knowledge.

Signature: _____ Print: _____ Date: _____

For Borough Staff Use Only

Zoning Officer: _____ Date CC'd: _____

Secretary: _____ Date Received: _____

Comments / Results: _____

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