

<i>Official Use Only:</i>	
Date Received	_____
Received by	_____

WEST EARL TOWNSHIP Zoning Office

Zoning Violation Complaint Form

All complaints are a matter of public record and subject to the PA Right to Know Law.

Your Name: _____ Anonymous*

Your Address: _____

Your Phone #: _____ Your email address: _____

**Please note that the Zoning Office will ONLY investigate anonymous complaints when staff determines that the reported violation may pose an immediate threat to the public health, safety or welfare of the community.*

Address of Complaint: _____

Describe the Complaint in Detail:

If you are including attachments and/or pictures, please check this box.

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For Official Use Only. Do not write below.

Inspected by: _____	Date: _____	Time: _____	Pictures <input type="checkbox"/>
Notes: _____			

Follow-Up Inspection by: _____	Date: _____	Time: _____	Pictures <input type="checkbox"/>
Notes: _____			

