



Complaint Form

LOWER FREDERICK TOWNSHIP

Complainant Name(s):

Address:

Cell/Home Phone: Email:

NATURE OF COMPLAINT

Site Location:

When did this occur? or How long has this been occurring?

APPLICATION VERIFICATION

Signature of Complainant: Date:

Township Use Only:

On Site Investigation Completed: Yes No Date: Time:

Findings: (citing sections of ordinances, when applicable)

Recommendation(s):

Investigators Signature: _____