

MUNICIPAL COMPLAINT FORM

Zoning and Sewage Enforcement

NOTE: ALL COMPLAINTS REMAINS ANONYMOUS

Zoning Complaint Septic Complaint

Township / Borough: Chancellor Township

Complainant Name: _____ Phone or Email: _____

Date of Complaint: _____

Address of Offending Property
*****REQUIRED*****

Complaint: (As much detail as possible)

Do we have permission to enter your property to investigate your complaint? Yes No

Complainant Signature _____ Date _____