



A RECOGNIZED BICENTENNIAL COMMUNITY

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www.crockery-township.org

FORMAL COMPLAINT

DATE: _____

Location of Complaint: _____

Name of Person or
Establishment: _____

NATURE OF COMPLAINT: _____

When was this condition first noticed? _____

Name/Address of Complainant: _____

Information taken by: _____

Received by Zoning Enforcer: _____ Date: _____

Action Taken: _____

cc: Supervisor
Zoning Official