

Complaint Form - Code Enforcement Office - Municipality: Lewisberry Borough



2 Market Plaza Way, Suite 7,
 csburg, PA 17055
 Phone: 717-795-8575

Date:		Phone
Time:		Email
Taken By:		In Person
Assigned to:		CEO
		Other: _____

Property Location of Complaint:			
Property Owner of Above Location:			
Owner's Address:			
Phone:		Cell:	

UPI:		Parcel ID:	
RENTAL?		TENANT NAME:	
		Phone:	

Complainant information is protected and shall not be divulged. Right to know does not apply. Anonymous complaints will not be investigated

Complainant:			
Complainant Address:			
Phone:		Cell:	
RENTAL?		TENANT NAME:	
		Phone:	

Is the violation visible from the public right-of-way:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Is the violation visible from your property:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, do we have consent to enter your property to view the violation:	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Type of Alleged Violation or Complaint (Check all that apply):

<input type="checkbox"/> Structural Complaint	<input type="checkbox"/> Sanitation Complaint	<input type="checkbox"/> Rubbish / Garbage / Debris Complaint
<input type="checkbox"/> Mechanical Complaint	<input type="checkbox"/> Infestation Complaint	<input type="checkbox"/> High Weeds / Grass Complaint
<input type="checkbox"/> Electrical Complaint	<input type="checkbox"/> Sidewalk Complaint	<input type="checkbox"/> Rental Housing / Tenant Complaint (give dates below)
<input type="checkbox"/> No Permit Complaint	<input type="checkbox"/> Vacant Structure Complaint	<input type="checkbox"/> Other Complaint (below): _____

Investigated On:		Warning		In Person	TICKET PAID if Appl.)
QOL Ticket # (if Appl):		1st Offense		Door Hanger	CASH
QOL Violation #'s (if Appl):		2nd Offense		1st Class Mail	CHECK: _____
		3rd Offense		Certified Mail	CREDIT CARD
10-Day Follow Up:		4th Offense		Other	
Final Follow Up Date:		Citation Filed			

Field Notes:

SYSTEM?		VIOLATION #:		CLOSED DATE:	
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