PEN ARGYL BOROUGH CODE ENFORCEMENT

11 North Robinson Avenue ♦ Pen Argyl, Pa. 18072 ♦ (610)-863-1821 ♦ Fax (610)-863-7543

COMPLAINT SHEET

Date of Complaint:	Received by:
Person Filing Complaint	
Name:	Signature:
Address:	
	Phone:
This above fields is necessary in the event additional provided will be kept confidential when dealing with	information is required. All personal information the Responsible Party.
Property Information	
Address of Violation (Number & Street):	
Is the premise vacant or occupied:	
Occupant's Name:	Phone:
Owner's Name:	Phone:
Description of Complaint	
Is the violation visible from the public right-of-v	way: Y/N
Is the violation visible from your property: Y	/N
If yes, do we have consent to enter your propert	y to view the violation: Y/N
Please note all complaints ar	e handled with complete discretion.
INTERN	IAL USE ONLY
Action taken:	
Date: Code Enforceme	ent Officer: