STRASBURG TOWNSHIP RESIDENT'S COMPLAINT FORM

DATE OF COMPLAINT:	
COMPLAINANT NAME:	
ADDRESS:	
PHONE NUMBER:	CELL PHONE:
EMAIL ADDRESS:	
l,	, make the following complaint to the Strasburg Township
Board of Supervisors concerning the following:	_, make the following complaint to the Strasburg Township
Address of Complaint:	
Nature of Complaint:	
Signature of Complainant:	
For Township Use Only:	
Disposition of Complaint:	
Signature of Township Official:	
Date of Disposition:	
Dute of Disposition.	

Notes:

- 1. All complaints must be signed.
- 2. A photo must accompany complaint form. Please note that you may not enter private property. All photos must be taken from a public right of way.

Return to: Solanco Engineering. 103 Fite Way, Suite C. Quarryville, PA 17566

Email: mark@solancoengineering.com

Fax: 717.806.5748