

Borough of Walnutport  
417 Lincoln Avenue  
Walnutport, PA 18088  
610-767-1322  
[www.walnutportpa.org](http://www.walnutportpa.org)

# COMPLAINT FORM

Date & Time received: \_\_\_\_\_ Received By: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Complaint # \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Brief Description of Problem (If you are complaining about a specific property, please include address of said property)

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If additional space is needed, feel free to use back of form. Please print legibly so ensure we will be able to help with your complaint.

Complainant's Signature: \_\_\_\_\_

BELOW LINE FOR BOROUGH USE ONLY

Complaint referred to: .....

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Streets Department | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Zoning Officer      | <input type="checkbox"/> Solid Waste/Trash |
| <input type="checkbox"/> Police Department  | <input type="checkbox"/> Borough Council | <input type="checkbox"/> Secretary/Treasurer | <input type="checkbox"/> Other             |

Action Taken: \_\_\_\_\_  
\_\_\_\_\_

Borough Representative Signature & Date: \_\_\_\_\_