

BEAVER BOROUGH - CODE ENFORCEMENT COMPLAINT

Case #: _____

File Closed: _____

Received by: _____

Date: _____

COMPLAINT LOCATION INFORMATION

ADDRESS OF COMPLAINT/CONCERN: _____

If you do not know the specific address, be as descriptive as possible about its location.

TYPE OF COMPLAINT/CONCERN

- | | |
|---|---|
| <input type="checkbox"/> Garbage / Debris | <input type="checkbox"/> Outdoor storage |
| <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Rodent Harborage |
| <input type="checkbox"/> Number or Type of animals | <input type="checkbox"/> High Grass |
| <input type="checkbox"/> Broken Windows / Missing doors | <input type="checkbox"/> Substandard Building |
| <input type="checkbox"/> Vehicle abandoned | <input type="checkbox"/> Other: _____ |
| Make/Model: _____ | _____ |
| License Plate: _____ | _____ |

If needed, please provide additional information on the back page.

REPORTING PARTY INFORMATION

Your Name: _____ Phone: () _____

Mailing Address: _____

E-Mail Address: _____

NON-DISCLOSURE (Please check his box if you do not want your information disclosed).

Complaint Assigned to: _____ Date: _____

Date	Action Taken	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____