

THE TOWNSHIP OF MANCHESTER

YORK COUNTY

PENNSYLVANIA



COMPLAINT FORM

Please complete this form in its entirety.
Incomplete submissions will not be accepted.

Date: _____

Complainant Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Address of Offending Property _____

Complaint: (Please include as much detail as possible. Use back of page if necessary.)

Do we have permission to enter your property to investigate your complaint? YES NO

Complainant Signature: _____

(By signing this form, you agree that the information contained herein, including your identity as the complainant, may be used in court if necessary to adjudicate violations.)

OFFICE USE ONLY

Complaint Number: _____

Date Received: _____