



REQUEST FOR INVESTIGATION

PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

This form shall be completed for all filings of complaints with South Whitehall Township. The person or persons filing the complaint shall understand that by signing and/or attesting to the information contained herein may be asked and/or summoned by subpoena to provide testimony. Accordingly, the Township can only respond if the following information is provided accurately and completely. Please provide the complainant's complete address, including the city, state and zip code.

ALL WRITTEN COMPLAINTS ARE NOT PUBLIC RECORD IN ACCORDANCE WITH THE RIGHT TO KNOW LAW P.S. §67.708.17(I).

COMPLAINANT NAME: _____ DATE: _____

COMPLAINANT ADDRESS: _____ PHONE: (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

COMPLAINANT SIGNATURE: _____

THE SUBJECT OF THIS COMPLAINT IS:

PROPERTY OWNER NAME (IF KNOWN): _____

ADDRESS OF SUBJECT PROPERTY (IF KNOWN): _____

LOCATION OF SUBJECT PROPERTY (IF ADDRESS IS NOT KNOWN). BE AS DETAILED AS POSSIBLE:

RELATIONSHIP OF COMPLAINANT'S PROPERTY TO SUBJECT PROPERTY: _____

DESCRIPTION OF COMPLAINT. PLEASE BE AS DETAILED AS POSSIBLE. USE REVERSE SIDE IF NECESSARY:

Can the alleged code violation be viewed from a public right-of-way? YES NO

Is the Township investigator permitted on your property to view and/or take pictures of the alleged code violation? YES NO

SEND COMPLETED FORM TO: SOUTH WHITEHALL TOWNSHIP ATTN: DIRECTOR OF ADMINISTRATION
 4444 WALBERT AVENUE ALLENTOWN, PA 18104

FOR STAFF USE ONLY

RECEIVED BY: _____	REFERRED TO:	DATE	COMMENT
DATE RECEIVED: _____	<input type="checkbox"/> CODE ENFORCEMENT	_____	_____
CASE#: _____	<input type="checkbox"/> COMMUNITY DEVELOPMENT	_____	_____
	<input type="checkbox"/> POLICE	_____	_____
	<input type="checkbox"/> PUBLIC WORKS	_____	_____