

COMPLAINT NUMBER: _____

TOWNSHIP OF ESSA
MUNICIPAL LAW ENFORCEMENT
COMPLAINT SHEET

DATE:	TIME:
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COMPLAINANT INFORMATION	
In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/>	
Complainant	Involved Person
*Name:	Name(if known):
*Address:	*Address:
*Phone number:	Phone Number:

NATURE OF COMPLAINT
<input type="checkbox"/> Noise <input type="checkbox"/> Canine <input type="checkbox"/> Parking <input type="checkbox"/> Signs <input type="checkbox"/> Roads <input type="checkbox"/> Illegal Dumping <input type="checkbox"/> Business <input type="checkbox"/> Untidy Lot <input type="checkbox"/> Fireworks <input type="checkbox"/> Watering <input type="checkbox"/> Other

Office Use Only	
Closed Date:	Officer:
Resolution:	

Items marked with * are mandatory fields