

Property Complaint

Date _____

Complaint

Location _____

(Address)

(Zip Code)

HIGHLIGHTED AREAS BELOW WILL BE FILLED IN BY OFFICE

Property Owner's Name _____

Property Owner's Address _____

County Index Number (33) _____ Millcreek Index Number _____

Complaint

____ High Grass / Weeds

____ Trash / Debris

____ Non-operating vehicle(s)

____ Sidewalk shoveling

____ Zoning

____ Drainage

____ Other

Brief Description _____

Name of Complainant _____

Address of Complainant _____

Phone Number _____ Signature of Complainant _____ Date _____

All complaint information is to remain confidential unless and until a hearing is required before a district magistrate.

Office Use Only

_____ *Date Received*

_____ *BIU Representative*

_____ *BIU Inspector*
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_____ *Inspector* _____ *Date*