

Paint Township Complaint Form

RESIDENT INFORMATION:

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Telephone: _____

LOCATION OF COMPLAINT: _____

Who do you think is responsible for the problem?

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

PROBLEM DESCRIPTION: Please be as specific as possible with information you think would be helpful. Attach a separate sheet if necessary. Please return complaint form to the township office located at 1741 Basin Drive Windber. The township office phone number is 467-8296. Thank you.

COMPLAINANT SIGNATURE: _____ **DATE:** _____

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Township Response

Township Supervisor Signature: _____ Date: _____

Township Supervisor Signature: _____ Date: _____

Township Supervisor Signature: _____ Date: _____