

PERKIOMEN TOWNSHIP CITIZEN'S COMPLAINT FORM

1 TRAPPE ROAD
COLLEGEVILLE, PA 19426
610-489-4034 (PHONE)
610-489-4918 (FAX)

TOWNSHIP USE ONLY	
Date Received: / /	
Time:	
Received By:	

NAME & ADDRESS OF VIOLATION / VIOLATOR	
Owner Name(s):	
Address:	
Cross Streets:	and

PERSON MAKING COMPLAINT (must be filled out completely)	
Please Print Legibly	
Name:	Phone #: - -
Address:	
City, State, Zip:	
Complainant Signature:	

REQUESTED SERVICE OR INFORMATION

TOWNSHIP RESPONSE	
Investigated On: / /	By:
Time:	Response:

Note: Any complaint filed is public information. Should this matter proceed before a District Justice, you will be notified and you may be called as a witness in the case.