



CHALFONT BOROUGH

DATE: _____

PERSON FILING COMPLAINT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

COMPLAINT RE: _____ (property address/parcel #)

FOR BOROUGH USE ONLY:

Received by: _____ Date: _____

Council Member (if applicable) _____

Referred to: _____ Date: _____

Recommendation or Action to be taken:

Signature of Completion: _____

Follow up with resident/council on: _____ by: _____
(date) (initial)

Original to Action Person
Copy on file
Completed Original to Receptionist