



# 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: \_\_\_\_\_ (date) by: \_\_\_\_\_ (initial)

Original to Action Person  
Copy on file  
Completed Original to Receptionist