

# Black Creek Township

1980 Tomhicken Rd. Bloomsburg, PA 17815

## Complaint Form

All requested information on this form must be complete and legible.

### Complainant Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is the issue outlined within this complaint visible from a public street or area?  Yes  No

If no, I hereby give the Township's authorized agent permission to enter upon my property to investigate this complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Complainant's Printed Name

\_\_\_\_\_  
Date

### Complaint Information: (use separate sheet if necessary)

Address of Complaint: \_\_\_\_\_

Location of Issue on Property: \_\_\_\_\_

Date/time issue(s) started: \_\_\_\_\_ Is the issue currently ongoing?  Yes  No

Description of complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Automobile information (if applicable): \_\_\_\_\_  
Color Make Model License #

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Complainant's Printed Name

\_\_\_\_\_  
Date

### Property Owner Information

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

<b>FOR TOWNSHIP USE ONLY:</b>	
Received by: _____	Date Received: _____
Sent to: <input type="checkbox"/> Code/Zoning Officer <input type="checkbox"/> Police Dept. <input type="checkbox"/> Highway Dept.	Via: <input type="checkbox"/> Email <input type="checkbox"/> In Person
Date: ____/____/____	