

LANSFORD COMPLAINT/INQUIRY FORM

Date/Received by:

1 W. Ridge Street
Lansford, PA 18232
Phone: 570-645-3900

Fax: 570-645-6248

Date: _____/_____/_____

Your Name: _____

Your Address: _____

Your Phone Number: _____ Text OK? ____ Yes ____ No

Your E-mail: _____

Property Address of Complaint: _____

Occupant (if known): _____

Homeowner (if known): _____

Homeowners address: _____

Nature of Complaint: _____

Or Inquiry/Questions: _____

OFFICE USE ONLY

___ Zoning ___ Code ___ Rental ___ Police ___ Council ___ Office ___ Other (_____)

Issue: ___ Resolved ___ Civil Issue ___ NOV ___ Permits ___ Other (_____)