

REYNOLDS TOWNSHIP COMPLAINT FORM

Complaint Date: _____

Complaint: Noise _____ Trash _____ Junk Cars _____ Other _____

Explanation: _____

Owner of Property in Question (if known): _____

Address: _____

Person Making Complaint: _____

Do you wish to remain anonymous? Yes _____ No _____

Can Zoning Administrator contact you for further information? Yes _____ No _____

Would you like Zoning Administrator to call you back on findings? Yes _____ No _____

Phone number: _____

ZONING ADMINISTRATOR'S INVESTIGATION:

Date turned over to Zoning Administrator: _____ By: _____

Inspection Findings: _____

End Result: _____

Date File Closed: _____

Mark Stevens, Reynolds Township Zoning Administrator