Arendtsville Borough

COMPLAINT FORM

Date:			
Contact Information for Compla	inant:		
Name:	Phone Nu	Phone Number: Email Address:	
Address:			
(Street)			
(City) (State	c) (Zip)		
Description of Complaint: (Please	ha as specific as possible. Continue on	hack if necessary	
	be as specific as possible. Continue on	back if necessary.)	
Complainant willing to testify in	court? Yes: No	:	
Signature:		Date:	
Received by:		Date:	
Date sent to Code Enforcement (
Follow up notes from Code Enfo			
Date Closed:		03.05.2020	