



ALSACE TOWNSHIP – COMPLAINT FORM

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PLEASE PRINT:

Location of Problem (Address): _____

Brief Description of Problem: _____

Complainant's Name: _____

Complainant's Address: _____

Complainant's Home Phone: _____ Cell or Work: _____

Complainant Signature _____

FOR OFFICE USE ONLY

Complaint Received By: _____

Date Received: _____ Time: _____ am ___ pm

COMPLAINT REFERRED TO:

- | | |
|--|---|
| <input type="checkbox"/> Supervisors | <input type="checkbox"/> Code Enforcement Officer |
| <input type="checkbox"/> Road Department | <input type="checkbox"/> Sewage Enforcement Officer |
| <input type="checkbox"/> Zoning Officer | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Other _____ | |

ACTION TAKEN: _____

COMPLAINANT: _____ Satisfied _____ Not Satisfied