



# 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 Phone Number: \_\_\_\_\_

Complainant Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Complaint Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ am \_\_\_\_\_ pm

**COMPLAINT REFERRED TO:**

_____ Supervisors	_____ Code Enforcement Officer
_____ Road Department	_____ Sewage Enforcement Officer
_____ Zoning Officer	_____ Fire Department
_____ Other _____	

**ACTION TAKEN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_