

PLUMSTEAD

TOWNSHIP

5186 Stump Road
PO Box 387
Plumsteadville, PA 18949



Phone (215) 766-8914
Fax (215) 766-9831

RESIDENT CONCERN/COMPLAINT FORM

Date: _____

Name: _____

Address: _____

Phone: Home _____ Cell _____

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Address of Parcel Concerned: \_\_\_\_\_

Reason for Concern/Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(OFFICE USE) Forward Action to: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(OFFICE USE) Follow-up Action: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_