

BOROUGH OF SHIPPENSBURG ZONING/CODE ENFORCEMENT PO BOX 129 111 NORTH FAYETTE ST. SHIPPENSBURG, PA 17257 717-532-2147

IF YOU BELIEVE YOUR ISSUE IS A LIFE OR DEATH SITUATION OR AN IMMEDIATE DANGER

<u>IF YOU BELIEVE YOUR ISSUE IS A LIFE OR DEATH SITUATION OR AN IMMEDIATE DANGER</u> <u>YOU SHOULD CONTACT 911 IMMEDIATELY!</u>

SHIPPENSBURG BOROUGH COMPLAINT FORM

COMPLAINT POLICY: THE BOROUGH IS COMMITTED TO ENFORCEMENT OF ALL BOROUGH CODES. COMPLAINTS TO BOROUGH OFFICIALS CAN HAVE SERIOUS AND POSSIBLY UNINTENDED CONSEQUENCES. PLEASE CONSIDER CAREFULLY BEFORE REGISTERING COMPLAINTS AGAINST FELLOW MEMBERS OF YOUR COMMUNITY. IF THE INFORMATION ON THIS FORM IS NOT PRINTED LEGIBLE, THE COMPLAINT WILL NOT BE ACCEPTED. IN ORDER TO ASSIST THE ZONING AND CODE OFFICIAL(S) IN ENFORCEMENT WE REQUIRE COMPLAINTS TO BE REGISTERED ON THIS FORM. PLEASE PROVIDE DETAILED INFORMATION REGARDING THE COMPLAINT ALONG WITH PHOTOGRAPHS. THE MORE INFORMATION YOU CAN PROVIDE THE BETTER YOU CAN ASSIST OUR OFFICIALS WITH THEIR INVESTIGATION OF YOUR COMPLAINT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

| | ☐ Zoning | □Trees | □ Weeds/Grass | □Vehicles |
|-------------------|--|-------------|---------------|-----------|
| | □Code | □ Personnel | □Sidewalks | □Other |
| | □Snow | □Roads | ☐ Trash/Waste | |
| | | | | |
| | dentify the subject of th | · | | |
| Name:_ Address | : | | | |
| | | | | |
| Compla | e the complaint in detail ints will be acted upon vure of the complaint. | | | |
| Describe | e: | | | |
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In order to facilitate any investigation or any subsequent action, we require that the complainant provide their contact information. Complaints may result in proceedings that require witness testimony before any Borough Boards, and/or the Pennsylvania Courts. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings. Complaints registered without contact information will not be processed. A complaint that results in an investigation is not subject to any Right to Know request. Copies of this complaint will only be released upon receipt of a subpoena or a court order.

| Complainant's Name: | Phone# () | | | | |
|---|--------------|--|--|--|--|
| Email | | | | | |
| Address: | | | | | |
| City, State & Zip: | | | | | |
| By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Shippensburg Borough Official, upon providing proper identification as such, access to my property to investigate any complaints that may be on neighboring properties to assist with their investigation. | | | | | |
| Signature: | | | | | |
| Date: | | | | | |
| OFFICE USE ONLY | | | | | |
| Received By: | (Print Name) | | | | |
| Signature: | | | | | |
| Received Date: | | | | | |
| Results & Disposition: | | | | | |
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