

WEST VINCENT TOWNSHIP

**729 Saint Matthews Road
Chester Springs, PA 19425**

Date Received: _____

Received by: _____

Notice to Residents: Information on this form is public information and may be accessed by third parties when requested, in accordance with and subject to the requirements of the Open Records Law.

Is there a legal reason your information should not be shared with a third party agency or available for public inspection: yes no If yes, please explain: _____

COMPLAINT FORM

Please complete and submit to West Vincent Township (please print clearly)

Name of person filing complaint _____

Address: _____

Do you wish to remain anonymous? yes no ****See above Notice to Residents**

Signature of Complainant: _____

Date: _____

Complaint is being filed against

Name: _____

Address: _____

Please describe the nature of the complaint in detail: (if you need more room write on the reverse side or on a separate sheet of paper)

Action taken by the Zoning or Building Department:

Signature of Zoning/Code Enforcement Officer. _____ Date _____