

UPPER LEACOCK TOWNSHIP RESIDENT'S COMPLAINT FORM

DATE OF COMPLAINT: _____

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS: _____

COMPLAINANT PHONE #: _____

COMPLAINANT EMAIL ADDRESS: _____

I, _____, make the following complaint to the
Upper Leacock Township Board of Supervisors concerning the following:

Address of Complaint: _____

Nature of Complaint (for additional space, use other side):

Signature of Complainant: _____

Requirements for Submission:

- 1) All complaints MUST be signed.
- 2) A photo MUST accompany the complaint form. Please note that **you may not enter private property**. All photos must be taken from a public right of way.

- 3) Return by - mail: Upper Leacock Township

161 Newport Road

Leola, PA 17540

email: office@ultwp.com

fax: (717)656-9609

TOWNSHIP USE ONLY:

Disposition of Complaint:

Signature of Township Official: _____

Date of Disposition: _____

