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THE BOROUGH OF LITTLESTOWN

We're growing, one neighbor at a time.

COMPLAINT/CONCERN FORM

Borough Employee	Date Received	Time Received

- Water
- Sewer
- Streets
- Billing
- Parks/Recreation
- Other

Name: _____
 Address: _____
 Telephone Number: _____
 Complaint/Concern: _____

<p>REFERRED TO:</p> <p>G Manager</p> <p>G Borough Council</p> <p>G Police Chief</p> <p>G Public Works Director</p> <p>G Water/Sewer Supervisor</p> <p>G Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Action Take: _____

Date/Time Completed: _____

**RETURN COMPLETED FORM TO THE BOROUGH MANAGER
 MANAGER WILL PROVIDE A COMPLETED COPY TO THE BOROUGH COUNCIL**