

Reading Township



Complaint Form

Date: _____

Name of person filing complaint: _____

Address: _____

Phone: _____ Cell number: _____

Signature of filer: X _____

Complaint filed against: _____

Address of property: _____

Details of complaint: _____

(Continue on back if required)

TOWNSHIP USE ONLY:

Date received in office: ____ / ____ / ____ By: X _____

Action taken: _____
