## Mailing Address P.O. Box 277 Dauphin, PA 17018

Phone: 717-921-8128



## Office Address 10 Elizabeth Avenue Dauphin PA, 17018

Fax: 717-474-8146

## Middle Paxton Township

## **COMPLAINT FORM**

Complaint Number:	Date of Complaint:	
Complainant:		
Address:		
Phone Number:		
Property Address of Complaint:		
Parcol Numbor:		
Parcel Number:		
Nature of Complaint:		
Status of Complaint: (basic/serious)		
Details of Complaint:		
Did complainant speak with the property ow		
If so, what was their response?		
Have you ever register this complaint with ι		

If so, when?
Signature of Complainant:
Signature of Complainant Officer:
(Office Use Only)
Owner's Name and Mailing Address:
Does the office have any previous record(s) of this complaint?
Complaint Number(s) :
Request for written complaint?
Letters sent:
Other actions:
Response from property owner: