MAHONING TOWNSHIP

2175 Blakeslee Boulevard Dr. West ◊ Lehighton, Pa 18235 ◊ 570-386-4002

ZONING COMPLAINT FORM

Date of Complaint:_____ **Received by:** _____

Person Filing Complaint:

Name: _____ Signature: _____

Address: _____

_____ Phone: _____

The above fields are necessary in the event additional information is required. All personal information provided will be kept confidential when dealing with the party responsible.

Property Information:

Address of Violation: _____

Description of Complaint:

_____

_____

_____

Is the violation visible from the public right-of-way: **Yes / No**

Is the violation visible from your property: **Yes / No**

If yes, do we have consent to enter your property to view the violation: **Yes / No**

Please note all complaints are handled with complete discretion.

INTERNAL USE ONLY

Zoning Investigation and findings: _____

_____

_____

_____

Corrective Action: _____

_____

_____

_____

Date: _____ **Code Enforcement Officer:** _____