



BOROUGH OF NEWVILLE
4 West Street, Newville PA 17241 · (717) 776-7633

COMPLAINT FORM

CONTACT INFORMATION

Name of Complainant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Cell: () _____ - _____

Email: _____

PLEASE INVESTIGATE THE FOLLOWING

Date of Request: _____ Address of Violation: _____

(Must have valid address of complaint to investigate)

Submitted Via: U.S. Mail Fax In-Person E-mail

Specific Complaint: *Please be as specific as possible to assist our staff in properly investigating your complaint. Please provide property address, cross streets, person name, etc. You may attach additional pages if necessary.*

Please allow staff a minimum of five (5) days to investigate and/or respond to this complaint before contacting our office. Thank you.

BOROUGH USE ONLY

Date Received: _____ Received By: _____

Date Inspection: _____ By: _____

Findings: _____
