

WEST BRADFORD TOWNSHIP PRIVATE COMPLAINT FORM
1385 CAMPUS DRIVE
DOWNINGTOWN, PA 19335
(610) 269-4174
OFFICE HOURS: 7:00AM TO 4:30PM

FILLED OUT FROM INFORMATION RECEIVED FROM TELEPHONE CONVERSATION: _____
INITIALS

Date of Complaint: _____ Time: _____

Complainant: _____

Complainant Address: _____

Complainant Phone/Email: _____

Date & Time Incident Observed/Occurred: _____

Address(es) Where Incident Observed: _____

Tax Parcel ID # (if known): _____

Nature of Complaint: _____

DEPARTMENT USE ONLY

TYPE OF VIOLATION:

_____ ZONING _____ ORDINANCE # _____

_____ BUILDING CODE _____ ORDINANCE # _____

_____ LOCAL ORDINANCE _____ ORDINANCE # _____

ACTION TAKEN: _____

OTHER AGENCY(S) NOTIFIED AND THE DATE: _____

SIGNATURE

DATE