

Valley Township
P.O. Box 467
890 West Lincoln Hwy
Coatesville, PA 19320



Department of
Code Enforcement
610-384-5751 Ext. 4
Fax: 610-384-2746

Complaint Form

Date of complaint: _____ Complaint by: Mail or In Person

Your name: _____

Address: _____

City, State, and Zip Code: _____

Home Phone Number: _____

Cell or Work Number: _____

Address of Violation: _____

Owner of Property in Violation: _____

Nature of Complaint: _____

The above information is accurate to the best of my knowledge. I also understand that the township may need my testimony in any court proceeding, which may result from my complaint.

Signature

Date of Signature

For office Use Only

Date Investigated: _____ Inspector: _____

Findings: _____

See Reverse Side for Action Taken and Follow-Ups

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Action(s) Taken

Picture taken: Yes No On File

Person(s) Contacted: _____

Violation Issued? Yes No Date of Notice _____
Days to Comply: _____ Can person get extension? Yes No

Response to Complaint:

Citations Filed with District Court: Yes No
Subpoena List for District Court:

Final Results:

