CONEWAGO TOWNSHIP ZONING COMPLAINT FORM

DATE RECEIVEDCOMPLAIN	ANT
ADDRESS	PHONE
ADDRESS AND NATURE OF EXISTING VIOLATION	
RESS PHONE RESS AND NATURE OF EXISTING VIOLATION ATURE OF COMPLAINANT DATE omplaint MUST be signed ** ou are requesting a copy of the inspectors' findings, please check here	
SIGNATURE OF COMPLAINANT	DATE
**Complaint MUST be signed **	
If you are requesting a copy of the inspectors' findings, I	olease check here