



ALLEGED ORDINANCE VIOLATION COMPLAINT FORM

Name of complainant: _____

Address: _____

Telephone number: _____ email: _____

Name of owner(s) and property's address where alleged ordinance violation is occurring:

Describe the alleged ordinance violation in detail: (Times and dates of alleged violations are needed with pictures, if possible) _____

I attest that the complaint described above is true and accurate to the best of my knowledge:

Complainant's name- Print

Complainant's signature

Date

For office use:	Tax Parcel # _____	Folio # 04- _____
Zoning Officer's Report:		

_____	_____	
Zoning Officer's Signature	Date	



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10 Ring Road
Chadds Ford, PA 19317

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Fax: 610-388-5057
info@chaddsfordpa.gov