

BOROUGH OF KENHORST

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Complaint / Request for Service

Date: _____ Time Received: _____ Received By: _____

Person making Complaint / Request must complete the form completely and sign below: Please note complainant identification is exempt from any Right-to-Know information requests received.

Name: _____ Daytime Phone #: _____

Address: _____ E-mail: _____

Complaint / Request: _____

Location/Address of Complaint: _____

Description of Issue/ Explanation of Complaint: *Please use reverse side if more space is needed. Attach any photos or drawings.*

Type of Complaint / Request: (circle one)

- | | | |
|------------------------|---|--------------------------------------|
| 1) Animal / Dog Issues | 8) Road / Street | 15) Traffic |
| 2) Curb / Sidewalk | 9) Rodent | 16) Traffic Signal |
| 3) Garbage / Trash | 10) Sewer Clog | 17) Trees/Bushes |
| 4) Grass/Leaves | 11) Signs | 18) Weeds |
| 5) Noise | 12) Speeding | 19) Zoning |
| 6) Parking | 13) Street Light (<i>need pole #</i>) | 20) Other: <i>Use space provided</i> |
| 7) Park/Recreation | 14) Storm Sewer | |

Other: _____

By my/our signature below, I/we agree that the above statement is true and correct to the best of my/our knowledge. I/we agree to provide my/our personal testimony if it is required to resolve this complaint in a court of law.

Complainant Signature(s): _____

OFFICE USE

Referred to (CHECK ONE): Code Enforcement Council Committee Manager Police Public Works Other

Date Submitted for Action: _____ Date Resolved: _____ Resolved by: _____

ACTION TAKEN: _____