

COMPLAINT FORM

Please complete and mail to:

Rockland Township
41 Deysher Road
Fleetwood, PA 19522

Name of Person Filing Complaint: _____

Address: _____

Phone Number: _____

Do you wish to remain anonymous? yes no

Signature of Complainant: _____

Date Complaint Filed: _____

Complaint is being filed against:

 Name: _____

 Address: _____

Please describe, in detail, nature of complaint:

Township Authorization/Date: _____

Action Taken:

Action taken by zoning officer:

Date: _____

Signature of Zoning Officer