# TOWNSHIP OF BETHLEHEM

# **BOARD OF COMMISSIONERS**



## MUNICIPAL OFFICES 4225 EASTON AVENUE BETHLEHEM, PENNSYLVANIA 18020-1496

Phone: 610.814.6400 www.bethlehemtownship.org

# Complaint Investigation Request

### PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

This form shall be completed for all filings of complaints with Bethlehem Township. The person(s) filing the complaint shall understand that by signing and/or attesting to the information contained herein they may be asked and/or summoned by subpoena to provide testimony in a court of law. Accordingly, the Township can only respond if the following information is provided accurately and completely. Please provide the complainant's complete address, including the city, state and zip code.

_		Date:	
Complainant Address:			
City:	State:	Zip Code:	
Phone:	Email (optional):		
Complainant Signature:			
	SUBJECT OF THIS COMPL	AINT:	
Property Owner Name (if known	own):		
Address of Subject Property:			
Location of Subject Property	(if address is not known). Be as detailed as po	ossible:	
Description of Complaint. Ple	ease be as detailed as possible (use reverse sid	e if necessary):	
- <u></u>			
	n be viewed from a public right-of-way?		

SEND COMPLETED FORM TO: BETHLEHEM TOWNSHIP COMMUNITY DEVELOPMENT DEPT 4225 EASTON AVE., BETHLEHEM, PA 18020