

NUMBER \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**EAST VINCENT TOWNSHIP**  
262 RIDGE ROAD, SPRING CITY, PENNSYLVANIA, 19475

**RESIDENT COMPLAINT FORM**

NAME: \_\_\_\_\_

PHONE: (W)

ADDRESS: \_\_\_\_\_

(H)

LOCATION OF CONCERN: \_\_\_\_\_

DESCRIPTION OF COMPLAINT/TROUBLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND TO / DROP OFF AT: East Vincent Township  
262 Ridge Road  
Spring City, Pennsylvania 19475

**BELOW IS FOR OFFICE USE ONLY**

DATE SENT TO DEPT. HEAD: \_\_\_\_\_ NAME OF DEPT.

DATE CLOSED OUT:

ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_