

DATE OF COMPLAINT: _____
COMPLAINANT NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

I, _____, make the following complaint to the Bart Township
Board of Supervisors concerning the following:

Address of Complaint: _____

Nature of Complaint:

Signature of Complainant: _____

For Township Use Only:

Disposition of Complaint:

Signature of Township Official: _____

Date of Disposition: _____

Notes:

1. All complaints must be signed.
2. A photo must accompany Complaint Form. Please note that you may not enter private property.
All photos must be taken from a public right of way.

Return to Solanco Engineering Associates, 103 Fite Way, Suite C, Quarryville, PA 17566
Email: mark@solancoengineering.com
Fax: 717.806.5748