

CONOY TOWNSHIP



Municipal Building
211 Falmouth Road
Bainbridge, PA 17502

Telephone (717) 367-4927 or (717) 367-4991
Fax (717) 367-6299
Website: www.conoytownship.org

Supervisors: Chairman Justin Risser, Vice-Chair Gina R. Mariani, Stephen Mohr, S. Jay Williams, Douglas Hawthorne
Secretary-Shannon Sinopoli, Treasurer-Jennifer Rabuck

CONOY TOWNSHIP COMPLAINT FORM

Complaints can have serious and possibly unintended consequences. Please consider carefully before registering complaints against fellow member of your community. In order to facilitate any investigation or any subsequent action, we **require** that the complainant provide their contact information and sign this form. Complaints may result in proceedings that require witness testimony if a hearing is deemed necessary. Anyone filing a complaint must understand the possibility of being a witness and may be subpoenaed to testify in any proceedings.

If the information on this form is not Printed Legible or Missing Contact Information, the complaint will **NOT** be accepted. Please provide as much information regarding the complaint along with photographs. The more information you can provide, the better you can assist our officials with their investigation of your complaint. Please feel free to use the back of this form for additional space.

For complaints regarding roads maintained by the state, you must contact PennDOT - 1-800-FIX-ROAD.

Your Name(s): _____

Your Address: _____
Street City State Zip Code

Phone #: _____ Email: _____

Please investigate the following:

Site of Address of Complaint: _____
(Must have valid address of complaint to investigate)

Municipality of the Site

County of the Site

Specific Complaint: *(Please be as specific as possible to assist our staff in properly investigating your complaint. Please provide property address, cross streets, person(s) name. You may attach additional pages if necessary).*

Upon subsequent receipt of repeated complaints, the Township will require the payment of a deposit by the complainant in the amount of Fifty (\$50.00) Dollars to be paid in advance of any investigation by the Township and which shall cover the costs of the investigation by the Township.

- In the event the complaint is determined to be unfounded, the aforementioned deposit shall be forfeited.
- In the event the complaint is determined to be founded such that a notice of violation is issued consistent with the Ordinance, then the aforementioned deposit shall be returned to the complainant.

By signing below, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Zoning Officer or Building Code Officials access to my property to investigate complaints that may be on neighboring properties to assist in their investigation. I further certify that this information is true and correct to the best of my knowledge and belief.

Signature (*required*): _____ Date: _____

- Please allow a minimum of five (5) working days to investigate complaint before you contact our office.

DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Submitted to Municipality via: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> In-Person <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
Owner Name(s) of Parcel discussed above _____	130- _____ Parcel I.D.
Complete Mailing Address of Owner of Property _____	

Date received: ____/____/____ Received by: _____

Date inspected: ____/____/____ Inspected by: _____

Findings: _____

Completed Forms may be turned into;

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Email: ssinopoli@conoytownship.org**