

UPPER MILFORD TOWNSHIP BOARD OF SUPERVISORS

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COMPLAINT FORM

This form must be completed for any complaint against the owner(s) of property within Upper Milford Township By signing below, you are attesting to the best of your knowledge that: (1) the underlying facts set forth below are true and correct; and (2) you may be asked and/or summoned to provide testimony regarding the complaint. Your identity will remain confidential, unless otherwise required by law.

Name of Complainant	Address of Complainant
 Telephone Number of Complainant	Email Address of Complainant
Type of Complaint: Animal Con	trol Public Works/Roads Zoning
Refuse Environmental	Stormwater Other Property
Violator/Owner's Name	Violator/Owner's Address
Most Recent Date of Violation	
Complaint Description	
Please attach any photographs and	d/or videos of the violation.
By signing below, you acknowledge form.	e that you are the complainant submitting t
Signature of Complainant	Date of Complaint