

**COMPLAINT
SUSQUEHANNA TOWNSHIP
LYCOMING COUNTY, PENNSYLVANIA**

Date _____

Official Use Only
No. _____

Name of Complainant _____ Phone No _____

Address of Complainant _____

Nature of the Complaint _____

Owner of Complaint Property _____

Address of Complaint Property _____

Have You Reported This Complaint Previously? YES NO

Complainant Signature _____
REQUIRED

Received By _____