Perryopolis Borough

312 Independence Street

PO Box 304

Perryopolis, PA 15473

724-736-4441

Zoning Complaint Form

Complainant Name: _____ **Date Filed:** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone number _____

E-mail address (optional): _____

Address of Alleged Violation:

Name (If known): _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Describe the complaint in detail: _____

_____

_____

_____

_____

Signed: _____

Return completed form to the borough office in a sealed envelope marked "Zoning Complaint"

Monday-Friday from 9am-5pm or utilize the drop box located inside the entrance of the borough building

THE FOLLOWING INFORMATION CANNOT BE DIVULGED AND IS EXEMPT FROM THE RIGHT TO KNOW LAW (65 P.S. 67.708(8) (17).

The form must be signed by the complainant. An unsigned form will be invalid and will not be processed.