



BOROUGH OF WALLINGTON

PROPERTY MAINTENANCE COMPLAINT / SERVICE REQUEST FORM

Please complete this form to report a property maintenance concern within the Borough of Wallington. This form is for non-emergency issues requiring Code Enforcement review.

DATE OF REPORT: _____

1. RESIDENT / REPORTER INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

☐ Phone ☐ Email

2. PROPERTY INFORMATION (LOCATION OF CONCERN)

Address of Property (Where Concern Exists): _____

Nearest Cross Street: _____

Block: _____ Lot: _____

Property Type (check one):

- ☐ Residential ☐ Commercial ☐ Multi-Family
☐ Vacant Property ☐ Borough Property ☐ Unknown

3. NATURE OF COMPLAINT (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| ☐ High Grass / Weeds | ☐ Junk / Abandoned Vehicle | ☐ Rodent / Pest Concern |
| ☐ Trash / Debris | ☐ Unregistered Vehicle | ☐ Illegal Signage |
| ☐ Bulk Garbage | ☐ Overgrown Vegetation | ☐ Property Not Secured |
| ☐ Illegal Dumping | ☐ Vacant Property Maintenance | ☐ Aircraft / Inoperable Equipment |
| ☐ Exterior Property Maintenance | ☐ Unsafe Structure | ☐ Other (Please Specify): _____ |
| ☐ Graffiti | ☐ Sidewalk Hazard | |
| ☐ Broken Fence | ☐ Snow / Ice Not Removed | |

4. IMMEDIATE HEALTH OR SAFETY HAZARD:

☐ Yes ☐ No

If Yes, please explain: _____

5. DESCRIPTION OF COMPLAINT

Please describe the concern in as much detail as possible.

6. SUPPORTING DOCUMENTATION

Photos Attached: ☐ Yes ☐ No

Additional Documents Attached:

☐ Yes ☐ No

Please list (if applicable): _____

7. PERMISSION TO INSPECT

☐ I understand that Borough personnel may inspect the exterior of the property in order to investigate this complaint.

Reporter Signature: _____

Date: _____

BOROUGH USE ONLY

Complaint/Case #: _____

Date Received: _____

Received By: _____

Inspection Date: _____

Inspector: _____

Inspection Findings:

Action Taken:

- ☐ No Violation Found
☐ Warning Issued
☐ Notice of Violation Issued
☐ Summons Issued
☐ Reinspection Required
☐ Compliance Achieved
☐ Referred to Another Department: _____

Applicable Ordinance(s): _____

Compliance Deadline: _____

Follow-Up Inspection Date: _____

Case Status:

- ☐ Open
☐ Pending Compliance
☐ Closed

Additional Notes:

