

**Shickshinny Borough**  
**PROPERTY MAINTENANCE COMPLAINT FORM**

Date of Complaint: \_\_\_\_\_

Received by: \_\_\_\_\_

**PERSON MAKING COMPLAINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

Phone: \_\_\_\_\_

This data is necessary to obtain additional information. Your name and information will be kept confidential when dealing with the Responsible Party. Anonymous complaints receive the lowest priority.

**PROPERTY INFORMATION**

Exact Address of Violation (Number & Street): \_\_\_\_\_

Is the premise vacant or occupied: \_\_\_\_\_

Occupant's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the violation visible from the public right-of-way: Y / N

Is the violation visible from your property: Y / N If yes, do we have consent to enter your property to view the violation: Y / N If yes, please initial: \_\_\_\_\_

**This form must be filled out in its entirety.**  
**Please note that all complaints are handled with complete discretion.**

**Shickshinny Borough**  
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