



140 East Carroll Street
PO Box 375
Carrolltown, Pa. 15722

Property Maintenance Complaint

To ensure prompt inspection service, please complete the information as accurately as possible

Location of Violation

County: _____ Municipality: _____

Location of Violation/911 Address: _____

Between: _____ AND _____
(Intersection/Street) (Intersection/Street)

Parcel Number: _____ Control Number: _____

Owner: _____ Phone Number: _____

Mailing Address: _____

Driver's License Number: _____ Date of Birth: _____

Are there animals on the property? Yes No
If yes, what type of animals? _____

Is the property vacant? Yes No

Information of the Complainant

Name: _____ Phone Number: _____

Mailing Address: _____

Do we have permission to view the violations from the complainant's property? Yes No

Type of Violation

- Unsafe Structure
- No Sewage
- Rodent Harborage
- Roof in Disrepair
- Broken Windows
- Uninhabitable Structure
- Trash/Debris
- Accessory Structures in Disrepair
- Siding in Disrepair
- Interior Maintenance
- No Water
- High Grass and Weeds
- Inoperable Vehicles
- No 911 Address Markers
- Other _____

If there is no water or sewage to the property, when & why were these services stopped?

Municipal Authorization

Name: _____ Phone Number: _____

Do you want contacted upon inspector's inspection? Yes No

Do you want us to inspect the property for any and all property maintenance violations? Yes No

If compliance is not met within the allotted time, do you want us to automatically proceed with charges? Yes No

Comments:

Signature of Municipal Official

Date

FOR AGENCY OFFICIAL USE ONLY

Signature of Receiving Official

Date