

BOROUGH OF LEHIGHTON CODE ENFORCEMENT

1 Constitution Ave ♦ Lehigh, Pa. 18235 ♦ (610) 377-4002 ♦ Fax (610) 377-6638

COMPLAINT SHEET

Date of Complaint: _____

Received by: _____

Person Filing Complaint

Name: _____

Signature: _____

Address: _____

Phone: _____

This above fields is necessary in the event additional information is required. All personal information provided will be kept confidential when dealing with the Responsible Party.

Property Information

Address of Violation (Number & Street): _____

Is the premise vacant or occupied: _____

Occupant's Name: _____

Phone: _____

Owner's Name: _____

Phone: _____

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

Please note all complaints are handled with complete discretion.

INTERNAL USE ONLY

Action taken: _____

QOL Ticket Issued: Y / N Ticket No: _____

Date: _____ **Code Enforcement Officer:** _____