

ADDRESS OF PROPERTY IN WHICH PROBLEMS ARE OCCURRING

Name _____
Street _____
City _____ State _____ Zip _____

VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and I understand that if this issue progress to a legal hearing I might be called upon to testify.

(Signature)

(Date)

Please return the completed form to one of the addresses listed below:

Code Enforcement Officer Southampton Township 705 Municipal Drive Shippensburg, Pa. 17257	Board of Supervisors Southampton Township 705 Municipal Drive Shippensburg, Pa. 17257
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If you have any questions about filling out this form, please contact the Code Enforcement Office at 717-532-9041.

Keep a copy of your complaint for your records.