

Biglerville Borough Council 33 Musselman Avenue Biglerville, PA 17307 PH: 717-677-9488 / FAX: 717-677-4027 Email: office@biglerville.us / <u>www.biglerville.us</u>

CODE ENFORCEMENT COMPLAINT FORM

Please use this form to report possible violations of the Borough of Biglerville or concerns related to a Code Enforcement issue you observe. Return this signed form to the Borough of Biglerville office.

Code Enforcement complaints are investigated upon receipt of a **signed complaint** alleging a code violation.

COMPLAINTS FILED MAY RESULT IN PROCEEDINGSS THAT REQUIRE WITNESS TESTIMONY IF A HEARING IS NECESSARY. ANYONE FILING A COMPLAINT MUST UNDERSTAND THE POSSIBILITY OF BEING A WITNESS AND MAY BE SUBPOENAED, OTHERWISE COMPLAINTS WILL BE KEPT ANONYMOUS.

Property Address for Complaint:_____

Date of Alleged Violation:

Time of Alleged Violation:

ALLEGED VIOLATION:

Weeds, Grass, Vegetative Materials (i.e. Grass exceeds 8" in height)

Outdoor Burning (i.e. open burning instead of in a burn barrel) – Ordinance # 7-101

Forbidding Animals at Large – Ordinance # 2-101

Construction - Building of a structure without a Land Use Permit

Motor Vehicle – Non-Operable (i.e. inoperable, lacking current registration/inspection, safety/hazardous) Ordinance # 5-102 subsection 303.8, 10-201, & 27-914

Unk on property (i.e. furniture or junk on porch, junk laying in yard) – Ordinance # 5-102 & 10-201

Other – Please describe in detail

Other or Additional information on one of the above:

In the absence of a signed complaint, a concern will be acted upon at the discretion of the Code Enforcement Officer. **By signing below**, I understand the consequences of my actions if I choose to file a complaint as outlined above. I also permit any Code Enforcement Officer access to my property to investigate any complaints that may be on neighboring properties to assist with their investigation.

Name:	Phone #:
Address:	
Signature:	Date:

I further certify that this information is true and correct to the best of my knowledge and belief.

Please submit this form to the borough office, by email, fax or dropping off at the office. Thank you.



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Official Use Only:	
Date Received by Borough: Who will handle complaint?	Office
Does this need to go to Elected Officials? U Yes UNo	
Date of Actin Taken:	
Official or Employee's Name:	
Official or Employee's Signature:	
Title:	

By signing this complaint, you agree to testify in court on this subject matter if necessary.