UPPER NAZARETH TOWNSHIP
– ZONING OFFICER –

100 Newport Avenue • Nazareth, PA 18064
(610) 759-5341
FAX (610) 759-4430

Date:_____ Complaint received by:_____Routing:_____

This form, when completed, constitutes an Official Upper Nazareth Township Complaint.

_____
Complainants Last Name First Name Middle Initial

_____
Street Address City/Town/Zip Code Telephone No.

Is this the first complaint by you on this matter? _____ _____
Yes No

Address/Name/Location of activity/address that is the basis for complaint:

_____

_____
Street Address City/Town/Zip Code Telephone No.

Nature of complaint: _____
_____
_____
_____
_____
_____
_____
_____
Signature of Complainant

ACTION TAKEN BY TOWNSHIP WITH DATES: _____
_____
_____