CARROLL TOWNSHIP
50 Rambo Hill Road
Shermans Dale, PA 17090
Phone: 717-582-8200
Email: office@carrolltwp.org

For Office Use Only
Received by: _____ Date: _____
Entered by: _____ Date: _____

Request for Investigation and/or Service

This form is a public record and may be provided to anyone requesting a copy, including the person alleged to be the source of the complaint

PREMISES LOCATION:

_____

_____

_____

OWNER OF RECORD:

_____

_____

_____

PIN NUMBER: _____

I,_____, hereby request that a Township Official
(Print Name)
investigate my Complaint, occurring at the above noted premises as detailed below.
Please provide a written signed statement of the information as to the specified complaint to be investigated. Attach additional sheets if necessary.

_____

_____

_____

_____

_____

_____

_____I am willing to testify at the District Court._____I have independent evidence or photos.
(attach copies)

Additional witnesses: (provide names, addresses and phone numbers)

_____

_____

_____

I swear that this complaint is true and correct and understand that false statements made herein are subject to penalties of perjury.

_____ _____ _____
Name of Complainant (Print) Signature Date

_____ _____
Street Address Phone

_____ _____ _____
City State Zip Code

_____

To be completed by Township Official: _____

Investigation conducted by?_____Date: _____

Disposition: _____

_____

_____

Township Official: _____

AUTHORIZATION FOR ENTRY OF THE PREMISES

PREMISES LOCATION:

_____

_____

_____

OWNER OF RECORD:

_____

_____

_____

PIN NUMBER: _____

I, _____ , have requested / authorized the Carroll Township Zoning & Code Enforcement Officer, to conduct an inspection of the above noted premises. I am in control of the premises as a tenant, owner or authorized agent and herby give authority to enter and inspect all areas of the premises.

_____
Print Name of Authorizing Person

_____ _____
Address Phone

_____ _____ _____
City State Zip Code

_____
Signature of Authorizing Person