

BOROUGH OF SUSQUEHANNA DEPOT
83 Erie Boulevard, Suite A
SUSQUEHANNA, PA 18847
(570) 853-4219
FAX: (570) 853-5080

CODES ENFORCEMENT COMPLAINT

PERSON MAKING COMPLAINT:

NAME/ADDRESS OF VIOLATION:

ADDRESS

PHONE #

I am requesting to the Susquehanna Depot Borough to file the necessary charges on the information I am providing. It has been explained to me that if a hearing in regards to my complaint is requested that I will have to appear in person and give testimony to the facts in my complaint. My failure to appear in court to give testimony will result in the charges being dismissed.

On (date): _____ At (time): _____

Complaint: _____

The information that I have given is true and accurate to the best of my knowledge and belief.

I understand that to give false information or complaint is a crime under Sec. 4904 of the Crimes Code and I could be arrested for such act.

Signature

Date