## **COMPLAINT FORM**

Borough of New B	Berlin	phone: (570) 966-4705	
700 Water Street		email: nbboro@dejazzd.com	
PO Box 330			
New Berlin, PA 17855		TYPE OR PRINT CLEARLY	
		ALL FIELDS MUST BE COMPLETED	
DATE:			
YOUR NAME: _			
<b>YOUR ADDRES</b>	SS:		
<b>YOUR PHONE N</b>	NUMBER:		
NATURE OF CO	OMPLAINT (Check o	<u>ne):</u>	
Animal	Weeds/Grass	Rubbish/abandoned vehicle	
Noise	Speeding	Other (please specify)	
<b>LOCATION OF</b>	ISSUE:		
DATE(S) OF ISS	SUE:		
<b>BRIEF DESCRI</b>	PTION OF ISSUE in	cluding name(s) of alleged violators	
	space needed)		
		MEDIED? WHAT ACTION WOULD	
COMPLAINANT	LIKE TO SEE OCC	SUR?	
	=	e Borough Office during regular business hours, or mail,	
or email to the abo	ove addresses. All con	nplaints must be in writing - please do not call office.	
For office use only	<i>/:</i>		
Date received:		Referred to:	
Results of review:			
Close date:			