

**BOROUGH OF ADAMSTOWN**  
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Adamstown PA 19501

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**COMPLAINT FORM AND ACTION REPORT**

Nature of Complaint: \_\_\_\_\_  
\_\_\_\_\_

Property location: \_\_\_\_\_

Owners name (if known): \_\_\_\_\_



Your name and address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_



(for Borough use)

Date of on-site investigation: \_\_\_\_\_ Person investigating: \_\_\_\_\_

Property ownership/tax ID: \_\_\_\_\_

Owner contact information: \_\_\_\_\_

Findings (citing sections of applicable ordinances, when applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations/Follow-thru: \_\_\_\_\_

\_\_\_\_\_