

**BOROUGH OF CORAOPOLIS  
MUNICIPAL COMPLAINT FORM**

DATE \_\_\_\_\_

LOCATION OF PROPERTY	COMPLAINANT
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
LOT & BLOCK _____	TELEPHONE # _____
ZONING DISTRICT _____	
TELEPHONE # _____	
NUMBER OF UNITS _____	
	CONTACT COMPLAINANT?
	YES <input type="checkbox"/> NO <input type="checkbox"/>

**VIOLATION**

- |   |                                     |  |  |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> BUILDING CODE        | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> ZONING            | <input type="checkbox"/> FIRE PREVENTION |
| <input type="checkbox"/> PROPERTY MAINTENANCE | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> ARTICLE 6 A.C.H.D | <input type="checkbox"/> PLUMBING        |

**SUMMARY OF VIOLATION**

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HAS THIS COMPLAINT BEEN FILED BEFORE?                      YES                       NO

DOES THIS PROPERTY HAVE AN OCCUPANCY PERMIT?    YES                       NO

FEE \$ \_\_\_\_\_

\_\_\_\_\_  
BOROUGH OF CORAOPOLIS