

**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

HAS THIS COMPLAINT BEEN FILED BEFORE? YES NO

DOES THIS PROPERTY HAVE AN OCCUPANCY PERMIT? YES NO

FEE \$ _____

BOROUGH OF CORAOPOLIS