PLYMOUTH BOROUGH

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REQUEST / COMPLAINT FORM

ORIGINAL	ACTION COPY
FILE NO:	DATE:
NAME OF PERSON MAKIN	NG REQUEST/COMPLAINT:
ADDRESS:	
HOME PHONE:	CELL PHONE:
NATURE of REQUEST/COI	
	POLICE - CODE ENFORCEMENT - STREET DEPT OTHER
OWNER of PROPERTY	
ADDRESS of PROPERT	Y:
CONTACT PHONE NO:	
BRIEF DESCRIPTION of REQUEST / COMPLAINT:	
OFFICE USE:	BOROUGH RESPONSE DATE:
ACTION:	
BY WHOM:	

^{*}PLEASE BE ADVISED THAT THE PERSON(S) FILING THIS COMPLAINT MAY BE REQUIRED TO APPEAR IN COURT AS A WITNESS TO SUBSTANTIATE REPRESENTATIONS MADE IN THIS REQUEST/COMPLAINT FORM.