



WHITEHALL TOWNSHIP

Enforcement Complaint Form



REPORT DATE	REPORT TIME	VIOLATION LOCATION:

NATURE OF VIOLATION:**DESCRIBE VIOLATION:**

- ANIMAL
- BLIGHT
- GRASS / LEAVES / WEEDS
- PARKING or STORAGE
- POOLS
- VEHICLES
- OTHER

PHOTO INFORMATION:

PHOTO	DATE TAKEN	TIME TAKEN	DESCRIPTION:	INITIALS
1				
2				
3				
4				
5				

AFFADAVIT:

INITIALS

- I, _____, do swear and affirm I personally observed the violation(s) described above.
- I have provided _____ photographs, which are true & accurate representation of the described violation(s).
- I hereby give permission of any agent of Whitehall Township to enter upon my premises, which is located at _____, by which the agent may personally observe the violation(s).
- I affirm that I have legal authority to permit the presence of any authority to grant permission for any agent to enter upon the premises described.
- I swear, under penalty of perjury, that the information contained in this document is true and correct.

AUTHORIZATION:				NOTORY REPUBLIC		
Form Completed By		Initials		SEAL		
Signature:						
Date / Time:	Date:		Time:			
Witnessed By:			Initials			
Signature:						

OFFICIAL USE ONLY

State ID:		Mail:		BSNA
County GIS		Other:		Initials