



# WHITEHALL TOWNSHIP

## Enforcement Complaint Form



<b>REPORT DATE</b>	<b>REPORT TIME</b>	<b>VIOLATION LOCATION:</b>

**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.

<b>AUTHORIZATION:</b>				<b>NOTARY REPUBLIC</b>	
Form Completed By			Initials		
Signature:					SEAL
Date / Time:	Date:		Time:		
Witnessed By:			Initials		
Signature:					

**OFFICIAL USE ONLY**

State ID:		Mail:		BSNA
County GIS		Other:		Initials