

# CONNOQUENESSING BOROUGH

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Connoquenessing PA 16027  
Phone 724-789-9097  
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## Resident Complaint Form

I \_\_\_\_\_ am filing this form with the understanding that:  
(print your name)

- Members of the Connoquenessing Borough Council will be the only persons to read this complaint form.
- My name will not be released to the public.

I want to issue a written complaint on the following matter:

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Relevant Ordinance #:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

.....  
Result of Investigation: (to be completed by Code Officer)

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\_\_\_\_\_  
Code Officer:

\_\_\_\_\_  
Date: