

POLK TOWNSHIP RESIDENT REPORT FORM

11/09/09

ROAD / OR OTHER PROBLEM NEEDING ATTENTION

DATE: _____ DAY: _____ TIME: _____

PERSON MAKING REPORT (please print) _____

TELEPHONE # _____ CELL # _____

ADDRESS: _____

EXACT LOCATION OF THE PROBLEM (include house # if applicable AND other identifying information)

DESCRIBE THE PROBLEM:

YOUR SIGNATURE (Please) _____

Return this form to: POLK TOWNSHIP, PO Box 137, POLK TWP. RD., KRESGEVILLE, PA 18333
OFFICE PHONE # 610-681-5376 EXT. 4 FAX # 610-681-3063

AREA BELOW FOR TOWNSHIP OFFICIAL TO FILL IN

DATE RECEIVED BY TOWNSHIP OFFICIAL OR EMPLOYEE

ACTION TAKEN: _____

DATE RESOLVED _____

OFFICIALS SIGNATURE _____