



CHAPMAN TOWNSHIP

PO Box 485
196 Main Street
North Bend PA 17760

Phone: 570-923-2044
Fax: 570-923-2716
Email: chapmantwp@comcast.net

Township Resident Complaint Report of Property in Potential Violation

Property Address: _____

Property Owner: _____

Owners Phone: _____

Nature of Violation: (Please be specific, use additional pages if necessary, and attach photos or diagrams if available) _____

Person(s) Reporting Potential Violation:

Name: _____

Address: _____

Phone: _____ Email Address: _____

Office Use Only:

Received By: _____ Date Received: _____

Initial Inspection Date: _____ Violation Determined: Yes No

Nature of Violation: _____

Date of Initial Contact: _____ Date of 2nd Inspection: _____

Action Taken: _____

Date of 2nd Notification: _____ Date of 3rd Inspection: _____

Extensions Granted (include Reason): _____

Action Taken: _____

Date of 3rd Notification: _____ Date of 4th Inspection: _____

Action Taken: _____

Date Referred to Prosecutor: _____