CORNPLANTER TOWNSHIP
136 PETROLEUM CENTER ROAD
OIL CITY, PA 16301

COMPLAINT FORM

NAME:_____ _____ _____
First MI Last

ADDRESS: _____
Street

PHONE: (_____) _____ (_____) _____
Home Work

DEFENDANT'S NAME: _____ _____ _____
First MI Last

ADDRESS: _____
Street

If rural address, give directions to
Site:_____
_____
_____
_____

Describe Complaint (Be
Specific):_____
_____
_____
_____
_____
_____
_____

Signature _____ Date _____

---------- ***(Do Not Write Below This Line)*** ----------

Action Taken:
_____
_____
_____
_____

Signed: _____
Title: _____
Date: _____