



**HOPEWELL TOWNSHIP**  
**YORK COUNTY, PENNSYLVANIA**

PO BOX 429, 3336 BRIDGEVIEW ROAD  
STEWARTSTOWN PA 17363

(717) 993-2027  
FAX (717) 993-5068

**COMPLAINT FORM**

Complaint Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Complaint Received By: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Description of Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint Referred To: \_\_\_\_\_ Manager    \_\_\_\_\_ Road Foreman    \_\_\_\_\_ Zoning Officer

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Township Official