

Borough of  
**DUNCANNON**

**Codes Complaint Form**

ADDRESS OF ALLEGED VIOLATION: \_\_\_\_\_

OCCUPANT NAME (if known): \_\_\_\_\_

NATURE OF ALLEGED VIOLATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

COMPLAINANT'S ADDRESS: \_\_\_\_\_

COMPLAINANT PHONE: \_\_\_\_\_

COMPLAINANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*All complaints must be signed. Anonymous complaints will not be investigated. Names of complainants will generally not be made public, however please be aware should the complaint result in enforcement proceedings in District or Dauphin County court, the Borough cannot protect the complainant's anonymity.*

**OFFICIAL USE ONLY BELOW LINE**

VIOLATIONS NOTED/ACTIONS TAKEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This NOTICE becomes an ORDER if no extension of time is requested from, and approved by the Codes Enforcement Officer.*

DATE OF ISSUANCE: \_\_\_\_\_ COMPLIANCE DEADLINE: \_\_\_\_\_

\_\_\_\_\_

CODES ENFORCEMENT OFFICER: \_\_\_\_\_

**NOTES:** \_\_\_\_\_

\_\_\_\_\_