

UPPER BERN TOWNSHIP  
BERKS COUNTY

COMPLAINT OF VIOLATION

FILED BY -

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

FACTS –

Type of Violation: \_\_\_\_\_

\_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violator: \_\_\_\_\_

Location of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant / Message / Phone Call      Date

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FOR TOWNSHIP USE ONLY

Given to : \_\_\_ Supervisors, Date : \_\_\_\_\_ / \_\_\_ Zoning Officer, Date : \_\_\_\_\_

ACTION TAKEN - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Complainant Contacted: \_\_\_\_\_ By: \_\_\_ email \_\_\_ phone \_\_\_ mail