

Ben Avon Heights Borough Code Enforcement Complaint Form

All fields required**

Name and Address of Complainant (person filing the complaint)

Name	
Address	
Phone	
Email	

Name and Address of Complaint

Name	
Address	

Nature of Complaint

--

Proposed Ordinance Violation

Ordinance #	
--------------------	--

For Office Use Only

Received Via: In-Person ___ Email ___ Mail ___ Other _____

Date Received: _____ Date Forwarded _____