



GREENE TOWNSHIP BOARD OF SUPERVISORS

1145 Garver Lane

Chambersburg, Pennsylvania 17202

Telephone: Supervisors 717-263-9160 Zoning 717-263-4990 • Fax: 717-263-6427

E-mail: greene@greentwp.us • Website: www.twp.greene.franklin.pa.us

SUPERVISORS

TODD E. BURNS

TRAVIS L. BROOKENS

SHAWN M. CORWELL

Lindsay N. Loney, *Treasurer*

Kurt E. Williams, *Solicitor*

Daniel R. Bachman, *Zoning Officer*

Gregory P. Lambert, P.E., *Engineer*

CODE ENFORCEMENT COMPLAINT FORM

Please use this form to report possible violations of the Greene Township Code or concerns related to a Code enforcement issue you observe. Return this signed form to the Greene Township office. Include your name, address and a daytime phone number in the event we require additional information. Code enforcement complaints are investigated upon receipt of a signed complaint alleging a code violation. **Please note:** in the absence of a signed complaint, a concern will be acted upon at the discretion of the Code Enforcement Officer, and only as time allows. No follow up information will be provided in the absence of a signed complaint form.

- Property address: _____
- Location of violation on property: _____
- Date and time of alleged violation: _____

Alleged Greene Township Code Violation

- 63-1.B, Property Maintenance (Grass within lawn area not maintained, exceeds 12” in height)
- 73-5, Solid Waste (Accumulation of household solid waste on property)
- 73-8, Open burning (Burning of yard or household solid waste)
- 105, Use of property inconsistent with permitted uses for Zoning District
- 105, Construction / erection of a structure without issuance of a Land Use Permit
- 105-31, Storage of non-operable vehicle (vehicle lacking license and current inspection)
- Other – Please describe in detail below or on back of this form

Additional information: _____

I VERIFY THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA.C.S. § 4904, RELATING TO UNSWORN FALSIFICATIONS TO AUTHORITIES.

Name: (Please print legibly) _____

Address: _____

Phone: (daytime) / email _____

Complaint signature _____ Date: _____