

## **Honey Brook Township**

P O Box 1281 500 Suplee Road Honey Brook, PA 19344-1281

## Report an Issue or Concern

Phone: 610.273.3970

Email: info@honeybrooktwp.com

Fax: 610.273.3909

Please type or print clearly. Return in person to the Township Administration Building at 500 Suplee Road, by email to <a href="mailto:info@honeybrooktwp.com">info@honeybrooktwp.com</a>, by fax at 610.273.3970, or by mail to P.O. Box 1281, Honey Brook, PA 19341. All submissions are confidential.

Your Name:	
Address:	
Phone # Home	Cell
Email Address:	
Do we have permission to enter your prope	erty to view the issue? Yes No
This Section is for you to desc	ribe the Issue or Complaint – Be Concise and Complete
Address of the Issue / Complaint	
If the Address is not known, describe the lo	ocation:
Occupants of the Property (if known):	
	int in detail (attach additional pages if needed):
Your Signature:	Date:

## This Section is for Township Use Only

Recei	ved By:	Date:
Parce	l Number:	
Assigned To:		Date:
		Date:
Inspec	ctor's Observation:	
-		
Inspec	ctor's Action: No Violation / Issue Observed	(If this is the case, proceed to Final Disposition below.)
2.		Choose one of the following two courses of action:  was mailed at request of the Manager on (date)  days to correct; OR
	b. The issue was discussed with _	
		(Owner or occupant) Person agreed to come into compliance within days.
3.	If no response to (2) above, then—	
	NOV mailed to	Date:
	with days to correct.	
4.	Follow-up Inspection conducted on	The correction
	(circle one) was / was not com	pleted.
5.	If an NOV did not result in the reque Township Manager. Follow-up acti	ested correction then discuss possible citation issuance with the on:
6.	If Citation filed:  a. File #:  b. Default date:  c. Result:	
Final	Disposition:	
Comp	olainant Informed of Disposition on (d	late) By: