



**YORK COUNTY
VIOLATION COMPLAINT FORM**

-FOR OFFICE USE ONLY-

TAX MAP#: _____ ZONING DIST: _____ COUNCIL DIST: _____

CODE VIOLATION SECTION: _____

DATE: _____

STREET NUMBER OF VIOLATION (OPTIONAL): _____

STREET NAME: _____

DIRECTIONS **[BE VERY SPECIFIC]**: _____

WHAT TYPE OF PROBLEM HAS BEEN OBSERVED **[BE VERY SPECIFIC]**: _____

DATE VIOLATION WAS OBSERVED: _____

INFORMATION NEEDED, IF KNOWN:

PROPERTY OWNER'S NAME _____

ADDRESS _____

TELEPHONE# _____

CITIZEN'S NAME OBSERVING VIOLATION: _____

(Please print; must be legible)

CITIZEN'S SIGNATURE: _____

ADDRESS: _____

TELEPHONE#: _____ FAX#/EMAIL: _____

***BY SUBMITTING THIS FORM, ALL INFORMATION INCLUDING YOUR NAME
& ADDRESS BECOMES PUBLIC RECORD.**

IF THE VIOLATION GOES TO COURT, WOULD YOU BE WILLING TO TESTIFY.

CHECK (YES or NO)