



**CITY OF COATESVILLE  
PENNSYLVANIA**

**COMPLAINT FORM**

DEPT. ID # \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION

\* PRINT CLEARLY AND COMPLETE THE ENTIRE FORM \*

ADDRESS OF ALLEGED VIOLATION:

DESCRIBE IN DETAIL THE NATURE OF VIOLATION/COMPLAINT (Continue on back if not enough space):

IMPORTANT: MUST SHOW FORM OF ID (ID PROOF ATTACHED) Tax Pin:

PRINT NAME:

PHONE NUMBER:

DATE:

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE:

FORM NOT VALID UNLESS NOTORIZED OR HAS CITY SEAL

CITY SEAL

RECEIVED BY: \_\_\_\_\_

CODES DEPARTMENT

One City Hall Place, Coatesville, PA 19320 (610) 384-0300 Ext.3133 (610) 384-3612 (fax)

CD - 01/08/2010