

Freeburg Borough Code Enforcement

Complaint Form

Date: _____

Time: _____ AM PM

Name of Person (s) Filing Complaint:

Home Phone: _____

Cell Phone: _____

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Type of Violation (circle) Junk Garbage Burning Vehicles Parking Other

Description: _____

Date Occurred: _____

Time Occurred: _____

Location of Violation: _____

Witnesses: _____
