

*Washington Township Supervisors  
PO Box 56  
93 Jones Street  
Lilly, PA 15938  
814/886-5359*

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*Citizen Complaint Form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Nature of Complaint

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\_\_\_\_\_  
Signature of Citizen

\_\_\_\_\_  
Complaint Given To:

Action taken:

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\_\_\_\_\_  
Township Supervisor

\_\_\_\_\_  
Date