

(Official Use)

LOWER SWATARA TOWNSHIP
STORMWATER DEPARTMENT

1499 Spring Garden Drive
Middletown, PA 17057

www.lowerswatara.org

phone: 717-939-9377
fax: 717-939-5682

STORMWATER COMPLAINT FORM

Date: _____

Alleged violation: (Please include the address, if possible)

Complainant's name: _____

Complainant's address: _____

Complainant's phone number: _____

Do you give permission to Stormwater Dept. personnel to walk on your property to examine the violation reported? Yes _____ No _____

Are you willing to appear in court if needed? Yes _____ No _____

I, _____, understand the submission of a false statement to
(Print name)

a public official, pursuant to section 4904 of Title 18 of the Pennsylvania Crimes Code, is a misdemeanor of the third degree, is punishable by a fine of at least \$1,000 and imprisonment of not more than 1 year.

Complainant's signature: _____