

## TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE: (814) 692-9800

www.halfmoontwp.us

## **FORMAL COMPLAINT FORM**

DATE:			
NAME: _			
ADDRESS	s:		
TELEPHO	NE:	EMAIL:	
COMPLA	INT:		
			<del></del>
	ight-to Know Law and can k	to Halfmoon Township staff for review, the obtained publicly upon request. All consedged; no anonymous complaints will be	mplaints must be signed to be officially
STAFF USE ONLY:	RECEIVED BY:	DATE RECEIVED:	COMPLAINT #:



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TOWNSHIP RESPONSE:				
	<del></del>			

STAFF USE