WARWICK TOWNSHIP

315 Clay Road P.O. Box 308 Lititz, PA 17543-0308 Telephone (717) 626-8900

NOTIFICATION OF CONCERN

Date:			
Concern Registered Via: In Person Telephor	ne Mail	On-site Inspection	
Name of Person Registering Concern:			
Address:			
Telephone #:	(Daytime)		(Evening)
Name of person concern is addressing:			
Address:			
Location of property (if different from above):			
Concern: (Use reverse side if necessary)			
Signature of Person Registering Concern:			
To Be Co	ompleted By Town	ship Staff	
Account #:	Zonin	g District:	
Township Representative Contacted:			
Action taken:			
Representative Initiating Action:		Inspection Date:	
		Inspection Time:	
Representative Initiating Action:			
Follow-up Date:			
Follow-up:			