

Administrative Offices
90 East High Street
Waynesburg, PA 15370
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COMPLAINT/CONCERN FORM

Name: _____

Address: _____

Telephone: _____

STREETS	SIDEWALKS	SEWER	WATER	BILLING
PARKS/RECREATION	OTHER _____			

Complaint/Concern: _____

Complaint
Signature: _____

Borough Employee _____ Date Recv'd _____ Time Recv'd _____

REFERRED TO:
MANAGER MAYOR COUNCIL POLICE CHIEF
CODE ENFORCEMENT MAINTENANCE

ACTION TAKEN:

Date/Time Completed: _____ Completed by: _____