

**HEMPFIELD TOWNSHIP**  
**SEPTIC COMPLAINT**

(Request for Services)

DATE RECEIVED: \_\_\_\_\_

COMPLAINT NO.: \_\_\_\_\_

All of the following information is to be supplied in order that an observation can be conducted. Please complete all of the sections below, as this information will be needed for legal proceedings.

YOUR NAME(S) \_\_\_\_\_

YOUR MAILING ADDRESS \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ TAX MAP NO: 50-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

**IMPORTANT: WHEN YOU SIGN YOUR NAME TO THIS FORM, YOU GIVE THE SEWAGE ENFORCEMENT OFFICER THE RIGHT TO CHECK YOUR SEPTIC SYSTEM. YOU ALSO MAY BE CALLED TO TESTIFY IN A COURT OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

YOUR SIGNATURE: \_\_\_\_\_

IF THIS FORM IS NOT SIGNED, NO ACTION WILL BE TAKEN BY THE TOWNSHIP.

NATURE OF COMPLAINT (Give a full description of the problem): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INDIVIDUAL(S) AGAINST WHOM YOU ARE LODGING THIS COMPLAINT:

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_ TAX MAP NO: 50-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Is the person or persons against whom the complaint is lodged the owner of this property?

Check One: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, give the name of the person who owns this property.

NAME (S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_