

2435 Hickory Lane
Clarks Summit, PA 18411-9637



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**RANSOM TOWNSHIP
LACKAWANNA COUNTY**

Complaint Form
(Type or print clearly)

Your Name: _____

Address: _____

Phone Number: Day _____ Evening _____

If Necessary, may we have permission to enter **your** property to view the violation?
____ YES _____ NO

This Section is about the Complaint - Be Concise and Complete

Address of the Violation: _____

If the Address is not known, describe the location: _____

Property Owner (if known) _____

Occupants of the Property (if known): _____

Describe the nature of the complaint or other issue in detail (attach additional pages if needed):

Your Signature: _____ Date: _____

This Section is for Township Use Only

Date Received: _____ Parcel Number: _____

Assigned To: _____ Date: _____

Inspection Date: _____ Inspector _____

Inspector's Observation/ Action: _____

Inspector's Signature _____ Date _____