

**Borough of Marysville  
200 Overcrest Road  
Marysville, PA 17053  
717-957-3110**

**Citizen Complaint Form**

1. Complaint's Name: \_\_\_\_\_

Complaint's Address: \_\_\_\_\_

Complaint's Phone No.: \_\_\_\_\_  
Home Cell Work

Email: \_\_\_\_\_

Complaint Information (please describe in detail)

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If additional space is needed, please write on the back of the sheet.

\_\_\_\_\_  
Complaint's Signature

\_\_\_\_\_  
Date

Complaint Given to: \_\_\_\_\_

Date: \_\_\_\_\_

Action taken by Borough: \_\_\_\_\_

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