

CONNOQUENESSING BOROUGH

228 Constitution Ave, PO Box 471
Connoquenessing PA 16027
Phone 724-789-9097
Fax 724-789-7900

www.connoquenessingboro.com

email: connoqboro@zoominternet.net

Request for Investigation Application Fee: \$25.00.

Payment must be included with this application. The check is payable to Connoquenessing Borough.

This form is to be used for all suspected violations of Connoquenessing Borough Ordinances. The address and/or parcel number of the property is required for investigation.

Print Complainant Name: _____ Date: _____

Complainant Address: _____

Phone: _____ Email Address: _____

Property Address (of suspected violation): _____

Tax Parcel Number: 370- _____ - _____

Nature of suspected violation: _____

Signature of Complainant: _____ Date: _____

Please note: If violation is confirmed, in order to prosecute effectively, complainants may be subpoenaed to appear in court to give testimony.

To check on the status of the investigation, call 724-789-9097. Please allow 2-3 weeks before calling for status.

- In accordance with the Freedom of Information Act, all correspondence, including this form, may be considered public information and available for public review.
- This form can be used for unregistered vehicles on private property within Connoquenessing Borough. For unregistered vehicles on state roads, please call your local State Police non-emergency number.

Municipality Use Only

Check # _____

Request ID: _____

Received By: _____

Received Date: _____

Date Resolved: _____

Account: 361.36 / 413.13



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Municipality Use Only

Zoning Officers Name: _____

Zoning Officers Findings: _____

____ Violation ____ No violation

Inspection date(s): _____

Ordinance violation #: _____

First notice sent: _____ Certified ____ Standard ____ Time allotted to abate violation: _____

Re-Inspection date: _____

Final notice sent: _____ Certified ____ Standard ____ Time allotted to abate violation: _____

Re-Inspection Date: _____

Magistrate filing date: _____ Court date: _____

Refereed to solicitor by: _____ Date submitted: _____

Account # 413.13

