

On-Lot Sewage Disposal System Complaint Form

Return this form to: Lebanon County Planning Department
400 South Eighth Street, Room 206
Lebanon, PA 17042
Phone: 717-228-4444 Fax: 717-228-4453

Person Filing Complaint

Name _____ Date _____

Address _____

Signature _____

Phone (day) _____

If you wish your name to remain confidential check here _____

Complaint Location & Information

Municipality _____

Property Owner(s) _____

Mailing Address _____

Phone Number (if known) _____

Directions to Site (give detailed instructions) _____

Type of Problem (Describe condition or violation and location on property – be specific – attach sketch if necessary) _____

Has this condition been reported previously? _____ Yes _____ No

If yes, to whom:

Municipal Official Name _____ Date _____

Sewage Officer Name _____ Date _____

Other Name _____ Date _____

What response have you received? _____

Official Use Only – Received by _____ Date _____

Forwarded to _____ Date _____