## PA. Uniform Construction Code (UCC) - Act 45

## PENNSAFE BUILDING INSPECTION SERVICES LLC

Type or print all requested information clearly and concisely. It must be understood that this information may be subject to public disclosure. Information provided must be truthful and accurate.

COM	IPLAINT FILED BY:	COMPLAINT FILED AGAINST:	
Name:		Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		_	
E-mail:		_	
Date:		_	
		for individual(s) that witnessed the complaint	
Priorie.			
		City:	
		State:	
		Zip:	
	Submit the following informat	ion regarding the complaint you are filing:	
Date of Incident:			
Location of Incident: (B	uilding Name or Site):		
Building Street Address	:		
City:	State:	Zip:	
Municipality:		County:	
Provid	e specific evidence and inform	ation of the incident that justifies investigation of	
	e complaint. Failure to provide	gjust cause will result in a non-investigation:	
	(attach a sep	parate sheet if necessary)	
I unders	·	int could lead to malicious prosecution, fees and/or penalties eof \$100.00 and/or penalties.	
HOURLY CO		CH/ADMINISTRATIVE FEES ARE \$75.00 PER HOUR	
(Invoicing will commen	ce immediately upon complaint	submittal. Failure to remit payment will nullify investig	ation.
Signature		Date	