

ILLEGAL DUMP COMPLAINT FORM



Date: _____

Time: _____

Phone# _____

Operator: _____

Name: _____

Address: _____

NATURE OF CALL

LITTER RECYCLING BURNING N.S. OTHER

Describe any items they see. Description of vehicle, license, time of day, and date.

INCIDENT LOCATION

Township/Boro: _____

Description of location: _____
