

**BURNING COMPLAINT FORM**

**TOWNSHIP OF  
UPPER  
PROVIDENCE**

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**I. Information About the Person Making the Complaint**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**II. Information About a Burning Complaint:**

Address or location where observed: \_\_\_\_\_

Conduct Complained About (Example: burning trash, burning leaves, burning recyclables, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Conduct: \_\_\_\_\_ of \_\_\_\_\_

**Confidentiality:** The Municipality will keep your personal information confidential at your option. Do you want your personal information to remain confidential unless you waive confidentiality at some future date?  Yes  No **[note: you may be called upon to testify at a later date]**

Signature of complainant: \_\_\_\_\_

Date this Form Was \_\_\_\_\_

Completed:

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