

WASTE & RECYCLING COMPLAINT FORM
For a Commercial or Institutional Facility

UPPER PROVIDENCE
TOWNSHIP

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 Waste and Recycling Complaint:

Name of Commercial or Institutional Facility: _____

Conduct Complained About (Example: facility does not provide recycling for employees - tenants, recycling is not collected, etc.):

Date of Conduct: _____

Location of Conduct: _____

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: _____