



NEW BRITAIN TOWNSHIP

207 Park Avenue • Chalfont, PA 18914 • Telephone: (215) 822-1391

REQUEST FOR SERVICE

Please note: This form is a fillable PDF and must be downloaded for the submit button to function. For your request to be addressed by Township staff this form must be filled out completely and sent to New Britain Township.

PERSONAL INFORMATION

Today's Date: _____

Full Name: _____
(First) (Last)

Full Address: _____
(Street) (City) (State) (Zip)

Email: _____ Phone: _____
(Required) (Required)

ISSUE (ONE PER FORM)

- | | | | | | |
|--|---|---|---------------------------------------|---|---|
| <input type="checkbox"/> Abandoned Vehicle | <input type="checkbox"/> Parking | <input type="checkbox"/> Sidewalk Obstruction | <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Street Tree | <input type="checkbox"/> Working Without Permit |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Property Maintenance | <input type="checkbox"/> Sidewalk Repair | <input type="checkbox"/> Street Light | <input type="checkbox"/> Traffic Safety | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Street Repair | <input type="checkbox"/> Sign Repair | | | |

Address of Issue: _____
(Street) (City) (State) (Zip)

Complaint Details (be specific):

TOWNSHIP USE ONLY

Received: _____ by: _____ (Date) (Init.)	Forwarded to:	
Forwarded: _____ by: _____ (Date) (Init.)	Township Manager Township Solicitor Zoning Ofc. Park & Rec. Police	Township Engineer Assistant Manager Fire/Code Ofc. Public Works

Comments:

Request for Service Closed: _____ by: _____ (Date) (Init.)	Documentation Included:
	Inspection Report(s) Copy of Sent Emails Other: _____

Resident Notified: _____ by: _____ (Date) (Init.)	Method of Notification:
	Email (copy attached) Phone Both