



NEW BRITAIN TOWNSHIP

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

REQUEST FOR SERVICE

Please note: This form is a fillable PDF. 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: _____ (Date)	by: _____ (Init.)	Forwarded to:	
		Township Manager	Township Engineer
		Township Solicitor	Assistant Manager
Forwarded: _____ (Date)	by: _____ (Init.)	Zoning Ofc.	Fire/Code Ofc.
		Park & Rec.	Public Works
		Police	

Comments: _____

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

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