



The City of York Pennsylvania

101 South George Street PO Box 509 York PA 17405
www.yorkcity.org

Mayor C. Kim Bracey

Date: _____

Name: _____

Address: _____

Phone Number: _____

Ticket #: _____ **Plate #:** _____

Email Address: _____

Complaint:

| |
|------------------------------|
| Received By: _____ |
| Date: _____ |
| Voided By: _____ |
| Voided Date: _____ |
| <u>Returned Call:</u> |
| Time: _____ |
| Date: _____ |

Signature: _____

All complaints will be responded to within 24 to 48 hours.