



West Rockhill Township
1028 Ridge Road
Sellersville, PA 18960

WASTE & RECYCLING HAULER COMPLAINT FORM

Date: _____

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 the Waste and Recycling Hauler Complaint:

Name of Hauler: _____

Conduct complained about (Example: commingling recyclables with trash or failure to pick up recyclables, yard waste, etc.):

Date of Conduct: _____

Location of Conduct: _____

Description of Vehicle: _____

Vehicle License Plate No. (if obtained): _____

Instructions: Send a copy of the completed form to the Municipal Manager at:
manager@westrockhilltownship.org or Fax to 215-257-0701 or mail to address on heading.