



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: _____

Signature: _____

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

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