



HILLTOWN TOWNSHIP
13 West Creamery Road
P.O. Box 260
Hilltown, PA 18927
(215) 453-6000 Fax: (215) 453-1024

Hilltown Township Recycling Complaint Form

I. Information about the Person Making Complaint: (Please Print)

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email Address: _____

II. Complaint:

Name of Trash Hauler: _____
Date of Complaint: _____ Location: _____
Description of Vehicle: _____
Vehicle License Plate Number: _____
Number of Employees Working on Truck: _____
Complaint: _____

Confidentiality: The Municipality will keep your personal information confidential at your option:
Do you want your personal information to remain confidential unless you waive confidentiality at
some future date? _____ Yes _____ No

For Township Use Only

Instructions: A copy of this form shall immediately be sent (or otherwise) delivered to Hough Associates

By email: though@houghassociates.org By fax: (610) 992-9992 By mail: 105 Town Center Rd Ste # 5,
King of Prussia, Pa 19406-2394

Name & Title: _____

Date Completed: _____