# COMPLAINT AFFIDAVIT

Jackson Township
Monroe County, Pennsylvania

Your Name _____ Phone # _____

Address _____ Email _____

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COMPLAINT INFORMATION:

Defendant's Name _____ Address _____

Date of Violation _____ Time of Violation _____

SUMMARY OF VIOLATION:

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I _____ VERIFY THAT THE FACTS SET FORTH IN THIS COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. THIS IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE (18 PA. C.C. S/S 4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

_____ _____

Signature of Plaintiff Date

2162 Route 715 P.O. Box 213 Reeders, PA 18352 ◊ Office: 570-629-0153 ◊ Fax: 570-629-1016
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