

**Commonwealth of Pennsylvania
Department of Agriculture
Bureau of Plant Industry**

Pennsylvania Noxious Weed Complaint Form

A) Aggravated Party(ies)*:

Name: _____

Address: _____

Street Address

City

State

Zip

Phone: (Home) _____ (Work) _____

Directions to Property: _____

B) Nature of the Complaint: _____

C) Violating Party:

Name: _____

Address: _____

Street Address

City

State

Zip

Phone: (Home) _____ (Work) _____

D) Location:

Address/Directions to property with weed problem: _____

County: _____ Twp/Municipality: _____

Approximate size of weed infestation (Sq. Feet/Acres): _____

E) Have you communicated with the violating landowner about this weed problem?

Yes ____ No ____

What were the results? _____

F) Does your township or borough have a weed ordinance? Yes____ No____

If yes, did you contact them about this problem? Yes____ No____

What were the results? _____

G) Is this weed infestation next to or near agricultural land or farming operations?

Yes____ No____

If yes, please explain? _____

(*Additional aggrieved parties may be added on reverse side or appended on additional sheets).

Mail or Fax to:

Botanist
Pennsylvania Department of Agriculture
2301 North Cameron Street
Harrisburg, PA 17110-9408
(717) 772-5209
Fax: (717) 783-3275