

FAX TO (215) 672-0849
HORSHAM TOWNSHIP HIGHWAY DEPARTMENT
Online Request Form
❖ **Please do not use this form for Emergencies**

NAME:	DATE:
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SUBJECT:

LOCATION:

HOME #:	WORK #:	Best Time to Call:
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Fax #:	Email Address:
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SERVICE REQUESTED

<input type="checkbox"/> POTHOLE	<input type="checkbox"/> TRAFFIC LT	<input type="checkbox"/> PLOWING
<input type="checkbox"/> SALTING	<input type="checkbox"/> SIGNS	<input type="checkbox"/> DRAINAGE

STREET LIGHT:
POLE # OF ST LT:

OTHER:

COMMENTS

COMMENTS
