Chester County Constable Review Board
Request for Review

Filing Date_____

Filed By:

_____ Constable ____ Magisterial District Judge
____ Office of the Controller ___ Other _____
_____

Name _____ Phone #_____
Address _____
_____ Constable ID #_____

State ID #_____

Issue: _____ Use - Application _____ Violation of Constable Handbook
_____ Payment _____ Other_____

Was an attempt made to resolve this issue before filing the request for review?

_____Yes No_____

Please describe in full detail the issue, making reference to the applicable section of the Chester County Constable Handbook involved. Attach all documents etc., which are relevant. Attach additional pages if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Constable signature

All forms and attachments should be legible. It is recommended that this form be typed; however, handwritten form will be accepted.