



2. Please provide any solution or solutions you believe may remedy the problem?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return form to:

Leonora Hannagan  
City Planner  
City of Lock Haven  
20 East Church Street  
Lock Haven, PA 17745

Phone: 570-893-5903  
Fax: 570-893-5905  
Email: [lhannagan@lockhavenpa.gov](mailto:lhannagan@lockhavenpa.gov)