

*Danville Police Department*



*Jonathan M. Swank  
Chief-of-Police*

Report a Junk Vehicle

Person making complaint:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

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Location or Street Address of Junk Vehicle: \_\_\_\_\_

Description of Junk Vehicle:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color of Vehicle \_\_\_\_\_

Registration Number \_\_\_\_\_ Expiration of Registration \_\_\_\_\_ State \_\_\_\_\_

Inspection Expiration: \_\_\_\_\_

This form may be emailed to: [cmckenna@danvilleboro.org](mailto:cmckenna@danvilleboro.org)