

CONFIDENTIAL

LOWER MERION TOWNSHIP HUMAN RELATIONS COMMISSION

**TOWNSHIP MANAGER
75 EAST LANCASTER AVENUE
ARDMORE PA 19003-2323**

ANSWER

LMHRC No _____

Complainant (Individual Filing Complaint)	Respondent (Person/Entity Answering Complaint)
Name:	Name:
Address:	Person authorized to file on behalf of Respondent if Respondent is an organization:
City:	Title:
State:	Address:
Zip:	City:
	State:
	Zip:
	Phone number:

The Undersigned Respondent or its authorized representative acknowledges receipt of Complaint LMHRC No. _____ (“Complaint”) and hereby makes the following Answer to that Complaint [PLEASE RESPOND SPECIFICALLY TO THE COMPLAINT ALLEGATIONS]:

If you have a basis for challenging the jurisdiction of the Lower Merion Township Human Relations Commission to deal with the Complaint, please specify the basis for such challenge here:

If there are additional facts you believe should be considered, record them on additional pages, INITIAL EACH ADDITIONAL PAGE and attach them to this form. If you have any documents, letters or receipts that back up your Answer, please copy them and attach them to this Complaint.

I hereby verify that the statements contained in this Answer are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.

Date: _____

Signature of Respondent or person
authorized to sign on behalf of
Respondent if Respondent is an
organization

Organization Name:

Title:

MAIL OR HAND DELIVER IN SEALED ENVELOPE TO:

LOWER MERION TOWNSHIP HUMAN RELATIONS COMMISSION
Attention: Township Manager c/o Human Resources Director
75 East Lancaster Avenue
Ardmore PA 19003-2323