



Department of Building Safety
Building Codes
Floodplain Development
Zoning Code

RECORD OF COMPLAINT

(To be filled out by complainant)

DATE: _____ Township of Property in Complaint: _____

Floodplain Violation: _____ Building Violation: _____ Zoning Violation: _____

Name of Complainant: _____ Phone: (_____) _____

Complainant Address: _____

Occupant of Property in Complaint: _____

Owner of Property in complaint: _____

Address of Property in Complaint: _____

Nature of Complaint (Be Specific): _____

Printed Name of Complainant (Required)

Signature of Complainant (Required)

-----*Office Use Only*-----

Approved for site inspection by: _____

To Be Filled Out By Inspector: Name: _____ Date: _____

If violation found describe and cite code section: _____

Inspector's Action taken: _____

Response of Owner or Occupant if any: _____

Date of Compliance: _____

Date Sent to Prosecutor: _____