

**TOWNSHIP OF BORDENTOWN**  
**BURLINGTON COUNTY, NEW JERSEY**

1 MUNICIPAL DRIVE  
BORDENTOWN, NJ 08505-2193

CONSTRUCTION OFFICE  
Telephone: (609) 298-2800, Ext. 3  
FAX: (609) 291-5038

<b>Office Use</b>	<b><u>COMPLAINT FORM</u></b>	Intake Initials: _____
Date Received: _____		Complaint Number: _____
Intake:	Phone _____ Fax _____ Mail _____	In Person _____ E-Mail/Internet _____

Name of Person Making Complaint: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address of Complaint/Violation: \_\_\_\_\_  
(If Known)

Owner/Occupant Name: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEW JERSEY THAT THE FOREGOING IS TRUE AND CORRECT.**

\* Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

\* Required Information \_\_\_\_\_ (signature)

INSPECTOR \_\_\_\_\_

Action Taken/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No violation \_\_\_\_\_ Violation Found and Resolved \_\_\_\_\_ Enforcement Required \_\_\_\_\_