

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

1 MUNICIPAL DRIVE  
BORDENTOWN, NJ 08505-2193

**CODE ENFORCEMENT OFFICE**  
TELEPHONE: (609) 298-2800, Ext. 3  
FAX: (609) 298-0667

|                      |                                  |                                       |
|----------------------|----------------------------------|---------------------------------------|
| <i>Office Use</i>    | <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 \_\_\_\_\_