



CITY OF BORDENTOWN
DEPARTMENT OF HOUSING, ZONING & CODE ENFORCEMENT
101 E. PARK STREET, PO BOX 395
BORDENTOWN, NJ 08505
(609)298-0604 EXT 4
gficarotta@cityofbordentown.com

COMPLAINT FORM

Date Received: _____

Complaint Number: _____

Intake Initials: _____

Name of Person Making Complaint: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Cell: _____

Please call me to make appointment

E-Mail Address: _____

Address of Complaint/Violation: _____

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: _____
 (signature)

Inspector _____

Action Taken/Comments: _____

No Violation _____ Violation Found/Resolved _____ Enforcement Required _____