

TOWN OF HACKETTSTOWN ZONING DEPARTMENT

Complaint Resolution Form

COMPLAINT

Complainant: _____

Address: _____

Telephone #: _____

Received By: _____

PROBLEM SITE

Property Owner: _____

Street Location: _____

Block _____ Lot _____ Zone _____

Owner's Phone#: _____

Date _____ Time _____

NATURE OF COMPLAINT: _____

INSPECTION RECORD: _____

VIOLATION STATUS: _____

___ ABATED ___ COURT ACTION ___ DISMISSED

___ OTHER: _____

Completed By: _____ Date: _____