



## CODE ENFORCEMENT COMPLAINT FORM

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_  
(house number and street of complaint)

Property Owner: \_\_\_\_\_  
(if available)

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

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Additional Information: \_\_\_\_\_

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Please return form to:

Code Enforcement Bureau  
198 N. Washington Avenue  
Bergenfield, NJ 07621