

CITY OF LINDEN

ZONING / CONSTRUCTION CODE / BUILDING – COMPLAINT FORM

Date & Time _____

IDENTIFY THE LOCATION OF THE PROBLEM / ISSUE:

Street Address _____ Block _____ Lot _____

Owner / Occupant / Agent _____

Name of Business (tenant/Occupant) _____

Telephone / Business Number _____ Email address _____

NATURE OF COMPLAINT (Provide Details) _____

Complainant's Name (Your Name) _____

Street Address _____

Telephone Number _____

Email address _____

Complainant's Signature

Taken By _____

INSPECTION FINDINGS

Date _____

Valid _____

Invalid _____

REMARKS _____

Made By: _____

Referred to: Engineering Dept. _____ Health _____ Public Works _____ Other _____

Action Taken _____

