



**BOROUGH OF FAIR HAVEN
CODE ENFORCEMENT BUREAU
748 River Road, Fair Haven, New Jersey 07704**

Please mail or bring this completed form to Borough Hall

COMPLAINT

DATE:_____

Taken by:_____

TIME:_____

ADDRESS OF COMPLAINT_____

Complainant_____

Address_____ **Telephone No.**_____

SPECIFIC COMPLAINT:

=====

FOR OFFICE USE ONLY

Inspector's Report:

DATE OF INSPECTION_____

Owner/Address:_____

Inspector's Recommendation: -----Verbal Notice ___Written Notice
 ___Complaint not justified, no cause for action

Other_____

Reinspection Dates:_____

Inspector:_____

Final Disposition:

Court: