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_____

Complaintant_____

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:

NOTES:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____