



TOWNSHIP OF WASHINGTON
Zoning Complaint Form
908-689-1851



Instructions: Please complete the following information to the best of your ability.

Your Name (you are the complainant)

Street Address

City

State

Zip

Telephone Number

Email Address

Offender's Name (if known)

Street Address/Location (if known)

Telephone Number (if known)

Relative's Name (if known)

Date of Incident

Location of Incident

Municipality

Describe Township Ordinance Code Book Violation and/or the incident in detail:

Certification: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date _____

Signature of Complainant _____