



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF LAND USE

ZONING COMPLAINT FORM

Date: _____

Name of Complainant: _____

Address: _____ Block _____ Lot _____

Telephone Number: _____ Email: _____

Address of Complaint: _____ Block _____ Lot _____

Location of Complaint: _____

Owners Name: _____

Contact Information: _____

Description of Complaint

.....
(To be complete by Zoning Enforcement)

Date of Inspection: _____

File #: _____

Property Zoned: _____

Deposition of Complaint

Signature of Zoning Enforcement: _____

This form must be completed for each complaint. Once the complaint has been corrected, the Town Zoning Enforcement shall complete and sign the form, and the complainant shall be notified of the outcome of the zoning investigation.

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WEBSITE: WWW.WESTWINDSORNJ.ORG