



# 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**