

## BUILDING DEPARTMENT - RECORD OF COMPLAINT \*\*\*PLEASE PRINT CLEARLY\*\*\*

DATE:		
ADDRESS OF COMPL	AINT:	
COMPLAINANT:		
NAME:		
CITY:	TELEPHONE:	
OFFENDER, IF KNOW	/ <u>N</u> :	
NAME:		
ADDRESS:		
TELEPHONE:		
_	complaint, including names, dates and addresses:	
USE BACK IF NEEDED DISPOSITION:	DATE:	
RESOLVED BY:		
	<b>5 Park Avenue - Rutherford, New Jersey 07070</b> Telephone: (201) 460-3010 - Fax: (201) 460-3012 www.rutherfordboronj.com bldgdept@rutherfordboronj.com	