



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF LAND USE

ZONING COMPLAINT FORM

Date _____

Name of Complainant _____

Address _____ Telephone Number _____

Name of Complaint _____
(if known)

Location of Complaint _____ Block _____
(Address) _____ Lot _____

Nature of Complaint

(To be completed by the Zoning Officer.)

Date of Inspection: _____

Property Zoned: _____

Deposition of Complaint

Signature of Zoning Officer _____

This form shall be completed for each complaint. Upon correction of complaint, the Town Official shall complete and sign the form. The complainant shall be notified of the outcome of the zoning investigation.

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