

**JOSEPH H. MANCINI**  
MAYOR  
DIRECTOR OF PUBLIC AFFAIRS & SAFETY

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**CODE ENFORCEMENT**

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**LONG BEACH TOWNSHIP**  
**CONSTRUCTION/ZONING DEPARTMENT**  
Phone (609)361-6679  
Fax (609)361-6684

**COMPLAINT REPORT**

**LOCATION OF COMPLAINT:**

Date: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* This Section MUST be filled out in its entirety in order for the complaint to be inspected\*\***

**COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

Assigned Inspector: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Photos Attached: YES \_\_\_\_\_ NO: \_\_\_\_\_