

**BOROUGH OF GARWOOD**  
**ZONING VIOLATION COMPLAINT FORM**

*Complete this form and submit to the Borough Administrator's Office*



DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

DESCRIPTION OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ZONING VIOLATION (code and section if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person submitting this complaint: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Zoning Code Enforcement Officer findings/actions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Code Enforcement Officer: \_\_\_\_\_

Lenny DiStefano

Date