

**LOWER MOUNT BETHEL TOWNSHIP
COMPLAINT INVESTIGATION REPORT**

Received : _____ By: Mail telephone e-mail counter service

SECTION A: To be completed by Plaintiff

Complainant: _____

Phone number : _____

Address: _____

Defendant: _____

Phone number: _____

Location of Violation / Complaint: _____

Tax Map Number, if known: _____

Nature of complaint: _____

SECTION B: To be completed by Township

Township Notified:

Date notified:

by: mail : tele : e-mail : other

Engineer _____

Solicitor _____

SEO _____

Supervisor _____

Zoning Officer _____

B.C.O. _____