BASS RIVER TOWNSHIP CODE ENFORCEMENT
COMPLAINT REPORT

DATE:_____ TIME:_____

NAME OF COMPLAINTANT:_____
ADDRESS:_____
_____
PHONE NUMBER:_____
TYPE OF COMPLAINT:_____
_____
_____
ADDRESS OF INCIDENT:_____
_____
NARRATIVE: (USE CONTINUATION PAGE IF NEEDED):_____
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ACTION TAKEN:
_____
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_____
_____

SIGNATURE OF OFFICER:_____
DATE:_____