BASS RIVER TOWNSHIP CODE ENFORCEMENT
COMPLAINT REPORT

DATE:_____ TIME:_____

NAME OF COMPLAINTANT:_____
ADDRESS:_____

_____

PHONE NUMBER:_____
TYPE OF COMPLAINT:_____

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_____

ADDRESS OF INCIDENT:_____

_____

NARRATIVE: (USE CONTINUATION PAGE IF NEEDED):_____

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ACTION TAKEN:
DATE CEASE WORK ORDER ISSUED:_____
DATE 10 DAY WARNING ISSUED:_____
DATE PROBLEM ABATED:_____
DATE SUMMONS ISSUED:_____

SIGNATURE OF OFFICER:_____
DATE:_____

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CONTINUATION PAGE