



BOROUGH OF MILFORD

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BOROUGH OF MILFORD CODE VIOLATION COMPLAINT FORM

All initial complaints shall be investigated by the Zoning Official within 14 days of submission.

Date: _____

Name of Suspected Violator: _____

Violators Address: _____

Complaint:

(For Office use only)

Complainants Signature: _____

Address: _____

Phone number: _____

TO BE COMPLETED BY THE ZONING OFFICIAL

Initial inspection and findings by the Zoning Official

Date: _____

Action Taken by Property Owner: _____

Follow-up by Zoning Official Date: _____

Resolution of Complaint Date: _____

Signature of Zoning Official: _____