

**TOWNSHIP OF EVESHAM  
ZONING COMPLAINT**

Date: \_\_\_\_\_

Please circle one:      Submitted by Postal Mail?      Email?      In Person?

Your Name/Complainant's Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Email address: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

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Property in question: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Vacant or Occupied? \_\_\_\_\_

Description of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (required): \_\_\_\_\_

Per N.J.A.C 7:1D-3.2, the identity of a complainant is not a public record. It is confidential.

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notice of Violation sent?: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_