

**TOWNSHIP OF EGG HARBOR**

3515 Bargaintown Road  
Egg Harbor Township NJ 08234-8321  
609-926-4085  
609-926-4104 facsimile  
www.ehtgov.org



**CODE VIOLATION FORM**

This form, once completed, shall be delivered via mail, email, or facsimile to:

Office of Township Clerk  
Township of Egg Harbor  
3515 Bargaintown Road  
Egg Harbor Township NJ 08234  
926-4104 facsimile ~ [www.ehtgov.org](http://www.ehtgov.org)

Date \_\_\_\_\_

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Complainant's Telephone Number \_\_\_\_\_

Complainant's Cellular Telephone Number \_\_\_\_\_

Complainant's Email Address \_\_\_\_\_

**Nature of Complaint (describe fully)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature → \_\_\_\_\_

**FOR OFFICE USE ONLY**

Complaint No. \_\_\_\_\_ Dated Received \_\_\_\_\_

Referred to: \_\_\_\_\_  
\_\_\_\_\_ Police Dept \_\_\_\_\_ Fire Official \_\_\_\_\_ Engineer \_\_\_\_\_ DPW  
\_\_\_\_\_ Bd of Health \_\_\_\_\_ Const. Official \_\_\_\_\_ Other \_\_\_\_\_