BOROUGH OF GARWOOD
403 SOUTH AVE
GARWOOD, NJ 07027
E-MAIL: **L-Distefano@garwood.org**
www.garwood.org

Zoning Complaint Form

DATE:_____

ADDRESS OF CONCERN:_____

DESCRIPTION:_____

_____

ZONING VIOLATION (Refer to Land Use Chapter 106 code and section if known):

_____

Person submitting this complaint: _____

Signature: _____

Address:_____

Phone #:_____ E-mail: _____

Information submitted and investigation/findings are subject to the Open Public Records Act (OPRA) and Garwood Municipal Court appearance if needed.

Zoning Code Enforcement Officer findings/actions: Corrected _____ Court_____ Unfounded____

Comments:_____

_____

_____

_____

_____

Zoning Code Enforcement Officer: _____ _____
LENNY DISTEFANO Date