



Reference: _____

Borough of Penns Grove Abandoned Property Complaint Form

Date of Complaint: _____ Block: _____ Lot: _____

Address: _____ / ____ / Vacant / ____ / Occupied

Owner: _____ / ____ / same address as complaint

Mailing address: _____

NAME OF COMPLAINANT: _____

PHONE NUMBER: _____

Do you want to receive a follow-up (circle one) YES NO

Nature of Complaint:

OFFICE USE ONLY:

Date of inspection: _____ Inspector: _____

COMMENTS:

PLEASE SUBMIT TO CODE ENFORCEMENT OFFICER or HOUSING OFFICER.