

QUINTON TOWNSHIP  
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QUINTON, NJ 08072  
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**Zoning Office – Compliant Form**

Please note that all information below must be completed, including the name, address, and phone number of the person submitting the complaint, for the complaint to be processed by the Zoning Office.

**PROPERTY IN VIOLATION**

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

**NATURE OF COMPLAINT**

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

**PERSON FILING COMPLAINT**

Name: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Block \_\_\_\_\_ Lot \_\_\_\_\_

**ACTION TAKEN**

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

Date Resolved \_\_\_\_\_

Signature \_\_\_\_\_