

**Borough of Harrington Park  
Building Department  
85 Harriot Avenue  
PO Box 174  
Harrington Park, NJ 07640  
Phone: (201)768-2585**

**COMPLAINT FORM**

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

Complainant: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Nature of Complaint**

Site in Question: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Official Use Only)

**Inspector's Findings**

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

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_