



Complaint Number \_\_\_\_\_

Date Complaint Received: \_\_\_\_\_

Time: \_\_\_\_\_

**Borough of Demarest, NJ**

201-768-0167 ext. 130

[Propmaint@demarestnj.gov](mailto:Propmaint@demarestnj.gov)

*Code Enforcement- Report and Investigation*

Complaint Made By: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Location and Nature of Complaint:**

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**Inspector's Report:**

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Re-Inspection Required: (yes / no)

Signature of Inspector: \_\_\_\_\_

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