

TOWNSHIP OF MULLICA  
PO BOX 317 – ELWOOD NJ 08217  
TELEPHONE # (609) 561-7070 – FAX (609) 561-3031

CITIZEN INQUIRY – COMPLAINT FORM

NATURE OF INQUIRY OR COMPLAINT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS RELATING TO INQUIRY/COMPLAINT

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

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

INQUIRER/COMPLAINANT (PRINT NAME)

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

<b>OFFICE USE ONLY</b>
INQUIRY – COMPLAINT VIA
<input type="checkbox"/> PERSONAL VISIT <input type="checkbox"/> REFERRAL <input type="checkbox"/> LETTER
<input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX
RECEIVED BY _____
TITLE _____
r DATE _____
REFERRED TO _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**RESULTS OF INVESTIGATION**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_