

# **Inquiry/Concern Form**

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

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

ADDRESS RELATING TO INQUIRY/COMPLAINT

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

INQUIRER/COMPLAINANT (PRINT NAME)

\_\_\_\_\_  
ADDRESS \_\_\_\_\_

\_\_\_\_\_  
TELEPHONE \_\_\_\_\_

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

## **OFFICE USE ONLY**

INQUIRY - COMPLAINT VIA

☐ PERSONAL VISIT ☐ REFERRAL ☐ LETTER

☐ TELEPHONE ☐ E-MAIL ☐ FAX

RECEIVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

REFERRED TO \_\_\_\_\_

**RESULTS OF INVESTIGATION**

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

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