

Camden County  
Code Enforcement Office  
Compliant Form/ Request for Investigation

Name of Person Making Compliant / Request: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date of Complaint / Request: \_\_\_\_\_

Method of Complaint / Request: \_\_\_\_\_

Person Taking Complaint / Request(County Employee): \_\_\_\_\_

Nature of Complaint / Request: \_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

PIN: \_\_\_\_\_

Complaint Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: \_\_\_\_\_

File Number Assigned: \_\_\_\_\_ By \_\_\_\_\_

CEA Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_