



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

DEPARTMENT OF ADMINISTRATION

WORK ORDER

(For official use only) File Number: _____ Date: _____

Municipal Code Construction Code Zoning Fire Police Rec'd by: _____

PLEASE COMPLETE THE FOLLOWING:

Complaint Location: _____

Block: _____ Lot: _____ Qual: _____

Owner(s) Name: _____
Owner(s) Address: _____
Owner(s) City: _____ State _____ Zip _____
Owner(s) Phone Number: (_____) _____ Email _____

Complainant Name: _____

Complainant Address: _____

Complainant Phone Number: (_____) _____ Email _____

Complainant Willing to Testify in Court Regarding Complaint: _____ YES / NO

Signature of Complainant: _____

Describe Nature of Complaint: _____

Below For Official Use only

Complaint Resolved by: _____

Permit: _____
Rental Reg/Lic: _____
Smoke/CO: _____
Tax# of Units: _____

Photos Attached: _____ yes _____ no
Investigated by: _____
COMPLETION DATE: _____

Revised 5/30/17

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