



**STATE OF NEW JERSEY
BOARD OF TREE EXPERTS
101 W Veterans Highway
Jackson, NJ 08527
732-534-0982**

Email: njtreeexperts@gmail.com

Complaint Response Form

Please Print Clearly:

Name of Registered Business or Licensee: _____

Address of Registered Business or Licensee: _____

Phone number: _____ Email address: _____

Case File # _____

Review all documentation related to the case prior to providing the statement below. Once submitted, it may become subject to the Open Public Records Act.

The Board requires a written statement, under oath, as to the facts and circumstances concerning the alleged violation as per the Board’s Rule at Subchapter 9, Complaint and Enforcement 7:3A-9.1.a. Please attach any additional documentation you deem appropriate to this case. Return the completed form to the Board office (addresses above).

I hereby attest to the truthfulness of the statements above and / or attached.

Name: _____ Signature: _____

Date: _____