

## **Town of Rochester**

## **Building Department**

37 Marion Road, Rochester MA 02770 Phone: (508) 763-5421 \* Fax: (508) 763-5379

## **Complaint Form**

		Date:
Type of Complaint:	Building Board of Health	Zoning Conservation
This is a formal request for e case:	nforcement of an alleged vio	lation. The following are facts in the
Property Address of Alleged	Violation:	
Property Owners Name (s): _		
Property Owners Mailing Ad	ldress:	
Description of Complaint:		
TARREST CONTRACTOR CON		
Date (s) of Alleged Violation	n (s):	

## The following information is required. Failure to provide your name, address, and telephone number will result in the Inspector of Building / Zoning Enforcement Officer to process the complaint at his/her discretion. (PLEASE PRINT).

Complainant Name:	ele .			
Address of Complainant:			• ,	
				TTT TO THE TOTAL TOTAL TO THE T
-	dib.			
Telephone Number:				
Email Address:				
Preferred method of	contact (check one):	Telephone:	Email:	
In Accordance with	Town of Rochester 2	Zoning By-Law S	ection 18.23-Complain	ats.
complaint. Such comp	laint shall be filed in nature of the alleged	writing with the violation. The in	spector of Buildings sh	s, and nall
Signature of Compla	inant:			