

Chris Lund, Building Commissioner
Sheryl Keddy, Secretary



**Department of Inspectional Services
Division of Code Enforcement**

Telephone: 774-261-4030
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BUILDING CODE/ZONING COMPLAINT FORM

Town of West Boylston
Inspector of Buildings
140 Worcester Street
West Boylston, MA 01583

Dear Inspector of Buildings:

This is a formal request for enforcement of an alleged violation(s) of the State Building Code, 780 CMR or Local By-laws. Please notify me of any action or refusal to act in writing. Following are the facts in the matter:

Property address of alleged violation(s): _____

Property owner's name(s): _____

Property owner's mailing address: _____

Date(s) of alleged violation _____

Nature and details of alleged violation:

Alleged violation(s) relate to West Boylston Local Bylaw or Building Code:

Name of Complainant: _____

Mailing address: _____

Local address if different than above: _____

Home telephone number: _____ **Work telephone number:** _____

I qualify as an "aggrieved party" and do believe that the above facts are true. I understand that it may be necessary for the Town of West Boylston to institute legal action in a court of competent jurisdiction. I hereby agree to testify as a witness on behalf of the Town of West Boylston.

Signature of Complainant

Date