



Department of Inspection Services/Division of Code Enforcement

BUILDING CODE/ZONING COMPLAINT FORM

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: _____

Best phone number to reach complainant: _____

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

BUILDING CODE/ZONING COMPLAINT FINDINGS