

TOWN OF SANDOWN
PO BOX 1756
SANDOWN, NH 03873
Telephone (603) 887-3646 * Fax (603) 887-5163

COMPLAINT FORM

DATE PROBLEM OCCURRED: _____

DATE OF COMPLAINT: _____

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS: _____

TELEPHONE NUMBER: _____

NATURE OF COMPLAINT: (PLEASE ATTACHED SEPARATE SHEET IF NECESSARY)

(IF APPLICABLE)

ADDRESS OF PROPERTY INVOLVED: _____

MAP/LOT: _____

LISTED OWNER'S NAME: _____

LISTED OWNER'S ADDRESS: _____

COMPLAINANT SIGNATURE: _____

(Only original signatures are accepted – we cannot accept electronic, copied and/or scanned signatures)

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FOR OFFICE USE

COMPLAINT FORWARDED TO: _____

FINDINGS OF INVESTIGATION:

FINAL ACTION ON COMPLAINT:

SIGNATURE /TITLE

DATE OF FINAL ACTION: _____