

Town of Sturbridge
Inspectional Services Department

COMPLAINT FORM

General Bylaw Zoning Bylaw Sign Bylaw Building Code

All complaints shall be signed by the person(s) who initiate the complaint; please legibly print or type names and addresses complaint forms not signed will not be considered valid.

Date: _____ Street Address: _____
Owner or Tenant Name: _____

Nature of Complaint: _____

If upon examination of the complaint the Inspectional Services Department cannot ascertain validity, either by viewing the property or by using any related information on file or at its use then it shall be the responsibility of the complainant(s) to provide such required information. If the complainant(s) fail to provide the required information the complaint shall be considered to be frivolous.

Printed or Typed Name of Complainant

Signature of Complainant

Home Address & Mailing Address (if different)

THE INSPECTIONAL SERVICES DEPARTMENT WILL MAKE EVERY EFFORT TO ANSWER THE COMPLAINANT IN WRITING WITHIN 14 DAYS OF RECEIPT.

<i>FOR OFFICE USE ONLY</i>	
<i>Disposition of Complaint</i> _____	
<i>Date(s) of Site Visit</i>	<i>Name & Signature of Building Official</i>