



TOWN OF MILLVILLE

MASSACHUSETTS 01529

Longfellow Municipal Center
8 Central Street
Tel: 508-883-0808
Fax: 508-883-2994
building@millvillema.org

Building Commissioner

COMPLAINT INVESTIGATION FORM

TODAY'S DATE: _____

COMPLAINANT'S NAME: _____

COMPLAINANT'S ADDRESS: _____

TELEPHONE NUMBER: H _____ C _____

THIS COMPLAINT IS IN REFERENCE TO THE FOLLOWING **PROPERTY ADDRESS:**

TYPE OF COMPLAINT: Zoning Violation ☐ Cars/Car Parts ☐ Fence ☐ Other ☐

Pool ☐ Signs ☐ Noise ☐ Work with ☐ Building ☐ Permit ☐

NATURE OF VIOLATION (please explain, be specific, and provide evidence if possible):

I believe the above facts are true and understand that if the Town of Millville institutes any legal action in the courts, I will be called to testify as a witness on behalf of the Town of Millville.

Signature

FOR OFFICE USE ONLY

Inspection Date: _____ By: _____

Disposition: _____