

Town of Alton



Code Enforcement Dept. PO Box 659 1 Monument Sq. Alton NH 03809
Phone 603-875-2164 Fax 603-875-2163 TDD 603-875-0111

COMPLAINT FORM

Date: _____

Complainant's Name: _____

Complainant's Phone #: _____

Complainant's Address: _____

Identity of individuals submitting complaints will not revealed unless otherwise instructed by the person making the complaint

Property Address / Location: _____ Map/Lot: _____ Zone _____

Property Owner's Name/Phone: _____

Property Owner's Address: _____

Complaint / Violation: *(Please provide a detailed description)* _____

Complainant's Signature: _____ Date: _____

For Office Use Only

Reviewed By: _____ Date: _____

Action Taken: _____

Date of contact with property owner: _____ Via: Phone Mail In Person

Date Complete: _____

Office Notes: _____

