



TOWN OF BOYLSTON

221 Main Street, Boylston, MA 01505

Tel: 508 869-0143 x226

Fax: 508 869-6210

GENERAL COMPLAINT FORM

If you wish to file complaints against more than one property, a separate complaint form must be submitted for each. Please fill out the attached complaint form as completely as possible, as this information will assist us in expediting our investigation. The following are the facts in the case:

Date(s) of alleged violations(s) _____

Property of Alleged Violation: _____

Name of Owner of Property: _____

Owner mailing address, if different: _____

Nature and Details of alleged violation(s) (may use back of form or include separate paper if necessary)

Complainant(s): _____

Complainant Address: _____

Home Phone: _____ Work # _____ Cell # _____

If you are an adjoining property and the violation cannot be seen from a public street, alley, or public property **will you give permission to enter on your property**. Y/N (Please keep in mind the Zoning Inspector cannot trespass on private property)

Signature: _____ Date: _____

I qualify as an aggrieved party and do believe that the above facts are true under the pain of perjury. I understand that if it is necessary for the Town of Boylston to institute legal action in the courts, I hereby agree to testify as a witness on behalf of the Town of Boylston, Massachusetts.

Signature: _____ Date: _____