



TOWN OF WAKEFIELD, NEW HAMPSHIRE

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***OFFICES OF BUILDING INSPECTOR &
CODE ENFORCEMENT***

CITIZENS COMPLAINT FORM

**NAME / LOCATION OF
VIOLATION** _____

**NATURE OF
VIOLATION** _____

**HOW WAS VIOLATION
OBSERVED** _____

COMPLAINANT _____

ADDRESS _____

PHONE # _____

COMPLAINT RECEIVED BY _____

DATE _____

REVIEWED BY _____

DATE _____

ACTION TAKEN _____

