



Town of Charlestown, New Hampshire

COMPLAINT FORM

P.O. Box 385 CHARLESTOWN, NH 03603

Tel: (603) 826-5368 Fax: (603) 826-3709

www.charlestown-nh.gov

Date: _____

Tel. No.: _____

Name: _____ (person filing complaint)

Address: _____ (person filing complaint)

Type of Complaint: (Circle One) 1) Housing Code 2) Building Code 3) Zoning

Name of Person complaint is filed against: _____

Has property owner been notified of complaint? _____

Home Address: _____

Phone: _____

Address of Building or Property Complaint against: _____

Nature of Complaint: _____

Action Taken: _____

Date

Building Inspector or Appointee signature