

TOWN OF DOVER COMPLAINT FORM

Date complaint filed: _____ Complaint Number _____

Report of Violation: Ordinance No. (if known) _____

(That states) _____

Address or parcel number where the violation exists: _____

Describe past or present conditions that violate the above Ordinance:

I swear that the above statement is a truthful representation of conditions at the above address to the best of my knowledge. I acknowledge that this form is a matter of public record and is subject to the open records law.

Complainant(s)

Name _____

Address _____

City/State/Zip _____

Phone _____

Complainant(s)

Name _____

Address _____

City/State/Zip _____

Phone _____

Witness Name & Address _____

Investigating Officer: _____

Action taken: _____

Follow up: _____

Date Resolved: _____ Referred to Court (date) _____