Town of Somerset

140

Wood St., Somerset, MA 02726
Office: 508-646-2805 Fax: 508-646-2842

Call Taker:

Complaint Form

Number:

Date:	Time:	Anonymous:
Complainant (you):		
Address:		
Telephone:		
You are (circle) : Owner Tenant Customer Neighbbor Other		

Location of Complaint (required):
Name of Business (if commercial):
Owner of Property:
Address of Owner:
Telephone of Owner or Business:
Tenant:
Telephone of Tenant:

Type of Complaint (circle): Commercial or Residential

Regarding (circle): Trash & Yard Waste High Grass Vacant Property

Board of Health Building Dept Other

Nature of Complaint:

Please obtain as much information as possible, such as frequency of problem, first occurance, etc.)

OFFICE USE ONLY:

Date:	Time:
Investigator / Title:	
Signature:	

Report Findings:

Action Taken:

Notes: