

MANCHESTER-BY-THE-SEA

BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

Manchester-by-the-Sea, Massachusetts 01944-1399 Telephone (978) 526-7385 FAX (978) 526-2009

COMPLAINT FORM

Date Form Completed:				
Address in question:				
Property Owner:	Phone Number:	ne Number:		
Complaint:				
Person making complaint (must be filled out completely)				
Name:				
Address:				
Phone Number:				
Is this a housing complaint:	YES	NO		
Are you the tenant at this property in question?	YES	NO		
If so, are you seeking a full Chapter II housing inspection	? YES	NO		
Signature of Person Making Complaint:	Date Form Sig	gned:		

Date Received By Board of Health Office:

Date Stamp Here