



City of Dover, New Hampshire Code Enforcement Complaint Form

[Revision Date: August 23, 2018]

<i>Office Use Only</i>	Date Received: _____	Case Number: _____
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Complainant Name: _____ Address: _____

Telephone #: _____ Email: _____

Address in Question _____ Owner: _____

Owner Telephone: _____ Owner Address: _____

Please Briefly State the Problem: _____

Signature _____ Date _____

After the investigation, you will receive a copy of the findings of fact, recommendations applicable, and action taken.

(for office use only)

INVESTIGATION SUMMARY

Findings of Fact:

Recommendations Applicable:

Action Taken:

Zoning Administrator _____ Date _____