

City of Dover, New Hampshire Code Enforcement Complaint Form [Revision Date: October 18, 2011]

Office Use Only Date Received:	Case Number:
Telephone #: Address in Question Owner Telephone:	Address: Email: Owner: Owner Address:
Signature	
After the investigation, you will receive a copy	of the findings of fact, recommendations applicable, and action taken.
(for office use only) Findings of Fact:	INVESTIGATION SUMMARY
Recommendations Applicable:	
Action Taken:	
Zoning Administrator	