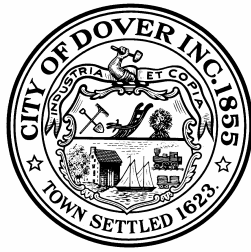


Mail to:
Planning Department
Municipal Building
288 Central Avenue
Dover, NH 03820



Planning & Community Development

CODE ENFORCEMENT COMPLAINT FORM

Complainant Name: _____ Address: _____

Telephone #: _____ Date: _____

Address in Question _____ Owner: _____

Owner Telephone: _____ Owner Address: _____

Please Briefly State the Problem: _____

After investigation by the Zoning Administrator, 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** _____