

Mail to:
Building Inspection Services
Municipal Building
288 Central Avenue
Dover, NH 03820



Inspection Services & Health Code Enforcement

CODE ENFORCEMENT COMPLAINT FORM

Complainant

Property Location

Name: _____ Address in Question: _____
Address: _____ Owner: _____
City & State: _____ Owner Address: _____
Telephone: _____ City & State: _____
E-mail: _____ Owner Telephone: _____

Owner Contacted Y or N; if Y, how, when & their response: _____

Please Briefly State the Problem: _____

After investigation by proper authority, you will receive a copy of the findings of fact, recommendations, and action taken. (OVER)

Signed: _____ Date _____

(for office use only)

INVESTIGATION SUMMARY

Findings of Fact: _____

Recommendations Applicable: _____

Action Taken: _____

Printed Name: _____ **Title:** _____

Signed: _____ **Date:** _____
Investigation Authority / Inspector