



TOWN OF BELMONT

OFFICE OF CODE ENFORCEMENT

Citizen Complaint Report

PERSON FILING COMPLAINT	COMPLAINT FILED AGAINST
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____
e-mail: _____	e-mail: _____
Address of Complaint: _____ (Street)	_____ (Tax Map & Lot Number)
COMPLAINT: _____ _____ _____ _____ _____ _____ _____ _____ _____	
Complainant Signature: _____	
<i>Office Use Only</i>	
Received Date: _____	Received by: _____
Time: _____	Referred to: _____
Action Taken: _____ _____ _____ _____	
Complainant Notified of Action: By: Telephone _____ e-mail _____ In Writing _____	
Date: _____	By (Staff Member): _____