



TOWN OF NORTH HAMPTON, NEW HAMPSHIRE
OFFICE of the BUILDING INSPECTOR

CODE ENFORCEMENT COMPLAINT

Location of Violation and Property Owner

Street Address:

Additional Location Information:

Name of Property Owner (If Known):

Phone Number (If Known):

Property Owner's Mailing Address:

Reporting Party Information (REQUIRED)

Reporting Party Name:

Phone Number:

Mailing Address:

Complaint Type

Please Describe Your Complaint Below. If You Need Additional Room, Please Use The Back Of This Form:

Signature of the Reporting Party *Required*:

Date:

FOR OFFICIAL USE ONLY

Received by:

Date Rec'd:

Case No.

20 - _____

Date Reply Card Sent:

Date Closed:

Property Record File:

Map: Lot:

Field Report: