



TOWN OF HOPKINTON
BUILDING & ZONING DEPARTMENT

No. _____

ZONING COMPLAINT

Date _____ 19____

Complaint Filed By:

Name _____ Street _____

Town _____ State _____ Zip _____ Phone () _____

Plat _____ Lot _____ Type of Complaint: _____
(Boundary, Solid Waste, Min. Housing, etc.)

Complaint Filed Against:

Name _____ Street _____

Town _____ State _____ Zip _____ Phone () _____

Plat _____ Lot _____

Description of the complaint:

Complaint Received by:

Name _____ In person Phone Answering Machine

See Reverse Side for Inspector's Report

Inspector's Name _____ Title _____

Disposition of Complaint Reported on Reverse Side:
(Check all that are appropriate)

- | | |
|---|--|
| <input type="checkbox"/> conducted on-site inspection | <input type="checkbox"/> took no action |
| <input type="checkbox"/> called on telephone | <input type="checkbox"/> ordered corrective action |
| <input type="checkbox"/> found no violations | <input type="checkbox"/> sent letter by regular mail |
| <input type="checkbox"/> found several violations | <input type="checkbox"/> sent letter by certified mail |

Date of On-Site Inspection: _____ 19 _____ Time ____: ____ a.m. p.m.

Violations Found During On-Site Inspection (if any):

Corrective Actions Ordered:

Inspector's Signature _____