

Town of Upton



Massachusetts

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## COMPLAINT FORM

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Nature and location of complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Reason for Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By-Law, or law which has been violated: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_