



**TOWN OF MERRIMAC
DEPARTMENT OF PUBLIC WORKS
2 School St.
Merrimac, MA 01860
978-346-0612**

COMPLAINT FORM

WATER

Sewer

HIGHWAY

Instruction to Complainant: Complete this form. sign and date, hand deliver or mail to the above address. This form is not valid until it bears the Date of Receipt and Signature of an authorized Department of Public Works employee.

Subject Address:

Owner of Record (if known):

Nature of Complaint:

Complainant's Name (print):

Address:

Telephone:

Email:

Signature:

Date:

Action Taken:

Superintendent:

Date:

OFFICIAL USE

Date of Receipt:

Reviewed By: