



TOWN OF MERRIMAC  
**INSPECTIONAL SERVICES**

2 School Street Merrimac, MA 01860  
Ph. (978) 346-0525 Fax (978) 346-0522

## COMPLAINT FORM

*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 Inspectional Services Department employee.*

**Subject Address :** \_\_\_\_\_

**Zoning District :** \_\_\_\_\_

**Owner of Record (if known) :** \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainant's Name (print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone :** \_\_\_\_\_ **Email :** \_\_\_\_\_

*As the Complainant, I understand I may be asked to appear jointly with the Building Commissioner/  
Zoning Enforcement Officer in court, and that my name will be kept internal unless public disclosure is  
court ordered.*

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Action Taken :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Building Commissioner :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICIAL USE**

**Date of Receipt :** \_\_\_\_\_ **Recieved By :** \_\_\_\_\_