



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 :** _____