



TOWN OF WAREHAM

For Office Use Only
DATE RECIEVD:

Department of Inspectional Services • 54 Marion Road Wareham, MA 02571 • Tel: 508-291-3100 Ext 3190

BUILDING/ZONING COMPLAINT FORM

Date: _____

Complaint Received: In Person Via telephone/email

Address of property complaint filed against: _____

NATURE OF COMPLAINT:

Name of person filing complaint: _____

Address of person filing complaint: _____

Phone Number of complainant: _____

OFFICE USE ONLY

COMPLAINT TAKEN BY: _____

DISPATCHED TO: _____

Field notes in reference to complaint:

Date of Inspection: _____

Signature: _____

Zoning Enforcement Officer

Local Building Inspector