



**TOWN OF LANCASTER**  
**701 Main Street, Lancaster, MA 01523**  
Tel: 978 365-3326 x1309 Fax: 978 368-4009

## OFFICIAL COMPLAINT FORM

Please fill out the attached complaint form as completely as possible, as this information will assist us in expediting our investigation. If you wish to file complaints against more than one property, a separate complaint form must be submitted for each. The following are the facts in the case:

Date(s) of alleged violation(s) \_\_\_\_\_

Property of Alleged Violation: \_\_\_\_\_

Name of Owner of Property: \_\_\_\_\_

Owner mailing address, if different: \_\_\_\_\_

Nature and Details of alleged violation(s) (may use back of form or include separate paper if necessary)

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

Complainant(s): \_\_\_\_\_

Complainant Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

If you are an adjoining property and the violation cannot be seen from a public street, alley, or public property will you give the Zoning Inspector permission to enter on your property. Y/ N (Please keep in mind the Zoning Inspector cannot trespass on private property)

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

**I qualify as an aggrieved party and do believe that the above facts are true under the pain of perjury. I understand that if it is necessary for the Town of Lancaster to institute legal action in the courts, I hereby agree to testify as a witness on behalf of the Town of Lancaster, Massachusetts.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date