



# ***Town of Milford***

## ***Department of Inspections***

52 Main Street, Milford, MA 01757

Phone: (508) 634-2313

John Erickson

Building Commissioner/Zoning Officer

email: [jerickson@townofmilford.com](mailto:jerickson@townofmilford.com)

### **COMPLAINT FORM**

This is a formal request for enforcement of an alleged violation of The Town of Milford Zoning By-Law, The Milford General By-Laws, State Building Code 780 CMR, or any other statutes enforceable by the Milford Building Commissioner. Any refusal to act on the following complaint will be returned in writing.

**Address of alleged violation:**

**Property Owner(s) name:**

**Date(s) of alleged violation(s):**

**Nature and Details of alleged violation(s):**

### **COMPLAINANT INFORMATION**

The following information is required. Failure to provide your name, address, telephone number, and signature will result in the Building Commissioner/Zoning Enforcement Officer to process the complaint at his/her discretion.

**Name(s) of person(s) filing complaint:**

**Mailing address of complainant:**

**Local address of complainant, if different than above:**

**Home phone#:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

I understand that as the complainant, I may be asked to participate with the Building Commissioner/Zoning Enforcement Officer by appearing jointly with him/her at court in the event the Building Commissioner/Zoning Enforcement Officer is personally unable to verify my allegations. I understand that upon filing this complaint it becomes a public record.

\_\_\_\_\_  
**Complainant Signature**

\_\_\_\_\_  
**Date**

SUBMIT THIS FORM TO THE DEPARTMENT OF INSPECTIONS