



Town of Milford
Department of Inspections

52 Main Street, Milford, MA 01757
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John Erickson
Building Commissioner/Zoning Officer
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Jessica Mosco
Assistant Zoning Officer
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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