



Office Use Only

Date Received: _____

Case Number: _____

MBL: _____

Code Complaint Form

Please use this form to report suspected zoning violations or concerns related to any zoning issue you observe. You may return this form to the Community Development Department by email, mail, or in person. Please include your name, address and a phone number where you can be reached should we need any additional information, or remain anonymous if you wish to do so. If sending the form using email, please send it to Code@WindhamNH.Gov.

Upon submission of this form, the Code Enforcement Administrator will review the complaint and determine whether a violation exists or not. Sole submission of this form alone does not determine whether an inspection should be conducted nor that a violation exists.

COMPLAINANT NAME: _____

COMPLAINANT ADDRESS: _____

COMPLAINANT CITY/STATE: _____ ZIP CODE: _____

COMPLAINANT PHONE: _____ EMAIL: _____

LOCATION OF SUSPECTED VIOLATION: _____

DATE OF VIOLATION(S): _____

ZONING DISTRICT: _____ MAP: _____ LOT: _____

Please use the space on the following page to describe the violation. Include any dates that violations occurred as well as any previous actions taken by yourself or the property owner.

DESCRIPTION OF THE VIOLATION:

SIGNATURE OF COMPLAINANT: _____

DATE: _____

********FOR OFFICE USE ONLY********

DEPARTMENT FINDINGS/RECOMMENDATION:

ACTION TAKEN:

NAME: _____ SIGNATURE: _____