



Town of Warren
Building Department
48 High Street P.O. Box 609 Warren, MA 01083

BUILDING / ZONING COMPLAINT FORM

A Complaint must constitute a threat to public safety or zoning issues. The Building Department requires all complaints be submitted in writing on a complaint form. Without a signed written complaint, the Department cannot access any property to investigate a problem.

THIS DOCUMENT IS A PUBLIC RECORD

COMPLAINANT INFORMATION

Name: * _____
Street Address: * _____ State _____ Zip _____
Phone #: * _____ OR Cell Number #: * _____
Email: * _____

LOCATION OF COMPLAINT

Owner's Name: * _____
Street Address: * _____ State _____ Zip _____
Phone #: _____ OR Cell Number: _____

Describe in detail the nature of the complaint: * (please use other side if more room is needed)

Specific code and/or bylaw violation: *

Provide any additional information that might help the investigation:

Sign here: * _____ Date: * _____

*** MUST BE INCLUDED FOR FURTHER ACTION**

FOR OFFICE USE: