



Town of Lakeville

COMPLAINT FORM

Date: _____

Name of person(s) filing complaint _____

Mailing Address: _____

Address (if different then above) _____

Phone # _____ Cell # _____

To: Building Commissioner
Town of Lakeville
346 Bedford Street
Lakeville, MA 02347

Dear Sir:

This is a formal request for enforcement of an alleged violation of Lakeville's Zoning By-laws. Within fourteen (14) days of your receipt of this request, I expect to have you mail me a letter stating the action taken, or refusal to act, and the reasons therefore on the following complaint.

Property address or alleged violation: _____

Property owner's name _____

Property owner's mailing address: _____

Date(s) of alleged violation(s) _____

Nature and details of
violation(s): _____

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

PRINT NAME (S)

SIGNATURE (S)