

TOWN OF WALES

COMMONWEALTH OF MASSACHUSETTS INSPECTOR OF BUILDINGS 3 HOLLOW RD. WALES, MA 01081 413-245-7571 EXT 130

Buildinginspector@Townofwales.net Inspections Request 413-237-5803

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

| COMPLAINTANT INFORMA | TION | | | |
|-----------------------------|-------------------------|-----------------|---------|---|
| Name: * | | | _ | |
| Street Address: * | | State _ | Zip | _ |
| Phone #: * | OR Cell Nun | nber #: * | | |
| Email: * | | | | |
| LOCATION OF COMPLAINT | | | | |
| Owner's Name: * | | | | |
| Street Address: * | | State | Zip | |
| Phone #: | OR Cell Nu | mber: | | |
| Specific code and/or bylaw | | | | |
| • | | | | |
| Provide any additional info | ormation that might hel | p the investiga | ntion: | |
| | | | | |
| Sign here: * | | oate: * | | |
| *MUST BE INCLUDED FOR | FURTHER ACTION | | | |

FOR OFFICE USE: