



COMPLAINT OF NUISANCE VIOLATION

PART A: To be completed by Complainant Date of Complaint: _____
Statement of Complainant (problem or nuisance caused):

Property Owner's Name (if known): _____

Address: _____

TOWN OF GRAFTON Other Location Features: _____

Complainant: _____ Address: _____

Telephone: _____ Date Given to Committee: _____

ACTION OF NUISANCE COMPLAINT COMMITTEE

PART B: To be completed by the Town of Grafton Nuisance Complaint Committee
Date Sent to Committee: _____
Date Reviewed: _____

I. Complaint Filed Indicates:

- _____ No violation of Town of Grafton Ordinance(s)
- _____ Possible violation of Town of Grafton Ordinance(s) (Proceed to Section II)

II. Inspection of Premises Indicates:

- _____ No violation of Town of Grafton Ordinance(s)
- _____ Violation(s) of the following Ordinance(s) and Section(s) (Complete and proceed to Section III)

Ordinance: _____ Section: _____

Ordinance: _____ Section: _____

Inspecting Officer: _____ Date of Inspection: _____

III. Action Taken on Findings:

- _____ No action taken (no violation found)
- _____ Action taken as follows: _____

Town of Grafton Nuisance Complaint Committee:

_____ Date of Action: _____