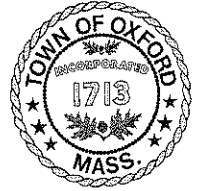


# TOWN OF OXFORD

Town Hall  
325 Main Street  
Oxford, Massachusetts 01540



## COMPLAINT FORM

COMPLAINANT'S NAME (print) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ Please leave your telephone number if you want the inspector to call you back on this matter. State you want a call back under the nature of the complaint.

LOCATION OF COMPLAINT (street # & name) \_\_\_\_\_

DATE OF COMPLAINT: \_\_\_\_\_

TIME: \_\_\_\_\_

NATURE OF THE COMPLAINT

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(This Section for Inspectors use only)

ACTION TAKEN

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