



Town of Ossipee, New Hampshire

Office of the Selectmen
P.O. Box 67, 55 Main Street
Center Ossipee, NH 03814
Phone: (603) 539-4181
Fax: (603) 539-4183
www.Ossipee.org

Formal Complaint Form

Location of Complaint: _____

Date: ____/____/____

Statement of Complaint (attach additional sheets if necessary):

Name of Complainant: _____ Telephone: (____) _____

I understand that this complaint will be submitted to the Ossipee Zoning Enforcement Officer and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. I declare and affirm that this statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

Signature _____

Date _____

For Office Use Only

Date Received: ____/____/____ On-Site Visit (date & time): ____/____/____:____ AM / PM

Zoning Officer's Observation:

Resolution:

Zoning Officer (print name): _____

Zoning Officer Signature: _____ Date Signed: _____