



Town of Dunbarton
Dept. of Building, Planning, and Zoning
1011 School Street, Dunbarton NH 03046
603-774-3540 x 108
inspector@dunbartonnh.org

HEALTH COMPLAINT FORM

**TO BE COMPLETED AND SIGNED PRIOR TO ANY ACTION TAKEN BY THE
HEALTH OFFICER**

Date complaint filed: _____

Name: _____

Your address: _____

Phone #: _____

Nature of complaint: _____

Location of complaint: _____

Tax map info: _____ - _____ - _____

Owner of property: _____

Mailing address of owner: _____

Phone # of Owner: _____

Signature of person filing the complaint: _____

Printed name: _____

***Please be advised this complaint form is considered to be a public record and is subject to the
Right to Know Law in accordance with RSA 91-A.***



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For office use only

Date complaint received: _____ Received by: _____

Inspection Date (if applicable): _____

Others present during inspection: _____

Resolution or action taken: _____

Health Officer's signature

Date

Other departments to be notified:

Administrator _____ Assessing _____ Building Inspector _____

Fire Department _____ Police Department _____ Public Works _____

Planning/Zoning _____ Selectmen _____ State Department(s) _____