



**CITY OF ATTLEBORO, MASSACHUSETTS**  
 INSPECTION DEPARTMENT  
 77 Park Street ~ Government Center  
 Attleboro, MA 02703  
 WILLIAM A. McDONOUGH, CBO  
 INSPECTOR OF BUILDINGS  
 508-223-2222 x 3251

**COMPLAINT OF ZONING VIOLATION**

**ALLEGED VIOLATION INFORMATION:**

I am basing my allegation on the fact below, and understand that as the complainant, I may be asked to participate with the Inspector of Buildings/Zoning Enforcement Officer by appearing jointly with him/her at court in the event the Inspector of Buildings/Zoning Enforcement Officer is personally unable to verify my allegations, there by requiring legal proceedings to enforce the regulation referenced below.

*Pursuant to the below allegations, I am requesting an investigation and enforcement if applicable.*

**Nature of Complaint:**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Town Bylaws   | <input type="checkbox"/> State Building Code | <input type="checkbox"/> Unregistered Vehicles | <input type="checkbox"/> Dangerous/Unsafe |
| <input type="checkbox"/> Zoning Bylaws | <input type="checkbox"/> Vacant Structure    | <input type="checkbox"/> Illegal Use           | <input type="checkbox"/> No Permit        |

ADDRESS OF ALLEGED VIOLATION: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER NAME: (if known) \_\_\_\_\_

I BELIEVE A VIOLATION HAS OCCURRED FOR THE FOLLOWING REASONS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLAINANT INFORMATION:**

The following information is required. Failure to provide your **NAME, ADDRESS** and **TELEPHONE NUMBER**, will result in the Inspector of Buildings/Zoning Enforcement Officer to process the complaint at his/her discretion.

**COMPLAINANT INFORMATION BELOW:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

~DO NOT WRITE BELOW OFFICIAL USE ONLY~

**INSPECTOR'S FINDINGS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_