



Town of Lancaster Massachusetts

BOARD OF HEALTH

701 Main St Lancaster MA, 01523

978-365-3326 ext. 1310

Complaint Form

Date: _____

Type of complaint: _____

Address of violation: _____

Property Owner (if known): _____

Suspected violation(s) (provide specific details; use back of page if more room is needed):

Complainant: _____ Signature: _____

Address: _____ Phone: _____

Email: _____

[] I hereby authorize a Board of Health Agent and/or his representative(s) to access my property to investigate this complaint.

Signature: _____ Date: _____

(Without authorization, inspections may only be performed from the public way.)

You may mail, drop off, or email your completed complaint form to ddennis@lanasterma.net