



## INVESTIGATION REQUEST FORM

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Your Address: \_\_\_\_\_

**Address of Possible Violation:**

**Owner Name/Address (if known):**

**Nature of Possible Violation:**

This section to be completed by Building/Zoning

**Town Department Action/Response:**

Date: \_\_\_\_\_