



**SELECTMEN'S OFFICE**  
**TOWN OF GILMANTON**

PO Box 550, Gilmanton, NH 03237

Ph: (603) 267-6700

Fax: (603) 267-6701

Website: [www.gilmantonnh.org](http://www.gilmantonnh.org)

**Standard Form for Complaints and Violations**

What is the subject of your complaint? \_\_\_\_\_

I am a Gilmanton Resident? Yes \_\_\_ No \_\_\_

Location of Violation or Complaint: (street number & name) \_\_\_\_\_

Map/Lot # \_\_\_\_\_

Description of Violation or Complaint:

Date of Violation \_\_\_\_\_ Time of Day \_\_\_\_\_

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

(Use reverse side if needed)

**Individual making Complaint**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**IF YOU WISH TO BE NOTIFIED OF RESULTS PLEASE PLACE YOUR CONTACT INFORMATION BELOW**

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Office Use Only

Received by \_\_\_\_\_ Date \_\_\_\_\_

Forwarded to: \_\_\_\_\_ Date \_\_\_\_\_