



SELECTMEN'S OFFICE
TOWN OF GILMANTON

PO Box 550, Gilmanton, NH 03237

Ph: (603) 267-6700

Fax: (603) 267-6701

Website: 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 _____