



City of Dover, New Hampshire Code Enforcement Complaint Form

[Revision Date: October 18, 2011]

Office Use Only Date Received: _____ Case Number: _____

Complainant Name: _____ Address: _____

Telephone #: _____ Email: _____

Address in Question _____ Owner: _____

Owner Telephone: _____ Owner Address: _____

Please Briefly State the Problem: _____

Signature _____ *Date* _____

After the investigation, you will receive a copy of the findings of fact, recommendations applicable, and action taken.

(for office use only)

INVESTIGATION SUMMARY

Findings of Fact:

Recommendations Applicable:

Action Taken:

Zoning Administrator _____ *Date* _____