

Confidential Complaint Form

**To: John Erickson
Building Commissioner/Zoning Officer
Town of Stoughton
10 Pearl Street
Stoughton, MA 02072**

Dear Sir:

**This is a formal request for enforcement of an alleged violation of Stoughton's Zoning By-law.
Please notify me of any action or refusal to act in writing. The following are the facts in the case:**

Property address of alleged violation: _____

Property owner's name(s): _____

Property owner's mailing address: _____

Date(s) of alleged violation(s): _____

Nature and details of alleged violation(s): _____

Alleged violation related to the Code of the Town of Stoughton, Section: _____

Name(s) of person(s) filing complaint: _____

Mailing address of complainant(s): _____

Local address of complainant, if different than above: _____

Home phone #: _____ **Work phone #:** _____

I qualify as an "aggravated party" and do believe that the above facts are true. I understand that if it is necessary for the Town of Stoughton to institute any legal action in the courts I hereby agree to testify as a witness on behalf of the Town of Stoughton. Until then I desire this information to be confidential.

Signature of complainant(s)

Date