

## **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):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**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**