

TOWN OF TRURO
Truro Building Department
P.O. Box 2030
Truro, MA 02666

ZONING BYLAW COMPLAINT FORM

Date: _____

This is a formal request for enforcement of an alleged violation of Truro's Zoning By-Laws in reference to Chapter 40 A § 7 M.G.L. 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: _____
Street (Map & Parcel)

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

Signature of complainant(s)

Date