



**Town of Ashland, New Hampshire**  
**Code Enforcement Complaint Form**  
 (ALL INFORMATION MUST BE OBTAINED WITHOUT TRESPASS)

20 Highland St. PO Box 517  
 Ashland, NH 03217  
 T: (603) 968-4432 F: (603)968-3776  
 e-mail: [townadmin@ashland.nh.gov](mailto:townadmin@ashland.nh.gov)

|   |                           |
|---|---------------------------|
| <i>(Office Use Only) Date Received:</i> _____ | <i>Case Number:</i> _____ |
|---|---------------------------|

|                            |                      |
|----------------------------|----------------------|
| Complainant Name: _____    | Address: _____       |
| Telephone No: _____        | 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, recommendations applicable, and action taken*

*(For office use only) INVESTIGATION SUMMARY*

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_