



TOWN OF ASHLAND
CITIZEN INQUIRY FORM

PO BOX 517 - ASHLAND, NH 03217

Name	
Street Address	
Mailing Address	
Telephone/Email	

Property Owner	
Property Address	
Tax Map #	

Nature of alleged complaint/violation:

[Please print and attach additional sheet if necessary]

Applicant Signature

Date

Remainder of form to be completed by Town Officials

Referred to for Response/Action - Date		
<input type="checkbox"/> Assessing	<input type="checkbox"/> Public Works	<input type="checkbox"/> Water/Sewer
<input type="checkbox"/> Board of Selectmen	<input type="checkbox"/> Land Use	<input type="checkbox"/> Electric
<input type="checkbox"/> Finance	<input type="checkbox"/> Library	<input type="checkbox"/> Welfare
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Police Dept	<input type="checkbox"/> Other
<input type="checkbox"/> Health Officer	<input type="checkbox"/> Town Administrator	

Response to Citizen

Signature of Town Official

Date