



# Board of Health Town of Littleton

POST OFFICE BOX 1305

LITTLETON, MASSACHUSETTS 01460

## Complaint and Request Report

# \_\_\_\_\_.

DATE: \_\_\_\_\_

Person Registering the Complaint or Request: \_\_\_\_\_ or anonymous.  
(Name will be kept confidential)

Complainant/Requestor Address: \_\_\_\_\_

### **Complaint/Request Description**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DETAILS: \_\_\_\_\_

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### **Report Notes / Inspection Follow Up**

DATE: \_\_\_\_\_

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PERSON RECEIVING INFORMATION: \_\_\_\_\_

COMPLIANCE DATE \_\_\_\_\_

INSPECTORS SIGNATURE \_\_\_\_\_