



TOWN OF STRATHAM

10 Bunker Hill Avenue, Stratham NH 03885
Building Department (603) 772-7391 x 180
www.strathamnh.gov

COMPLAINT FORM

Date: ____/____/____

Name of Person Filing the Complaint: (Print)_____

Phone Number of Person Filing the Complaint:_____

Address of the Person Filing the Complaint: _____

Name of Property Owner & Address of Property:

Nature of Complaint: (Please be very specific):

Signature of Complainant

Date:

(See page 2 for Action Taken)

Code Enforcement Action Taken:

Date: __/____/____

Follow Up:

Date: __/____/____

Final Disposition

Date __/____/____

Jim Marchese
Town of Stratham
Building & Code Enforcement Officer

Date