



TOWN OF RUSSELL



COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE BUILDING INSPECTOR

65 MAIN STREET RUSSELL, MA 01071

REQUEST FOR ENFORCEMENT

Date: _____

I believe the **Town By-laws**, **Zoning By-laws**, or **State Building Code** (circle one) is being violated. The alleged violation is as follows (describe, attach additional pages if needed):

Identify the by-law/code you believe is applicable: _____

Address of alleged violation: _____

Name of Owner: _____

Contact Information (if known): _____

I am basing my allegations on the above facts, and I understand that as the complainant, I may be asked to participate with the Local Building Inspector/Zoning Enforcement Officer in the enforcement procedure. I understand that my complaint is public record and all information is available upon written request.

Required:

Complainant Name: _____

Complainant Contact Number: _____

Complainant Signature: _____

