

Town of Derry Health Dept.

14 Manning Street Derry, NH 03038 603-432-6148 derrynh.org

Office Use Only
Date received:
Received by:

OVER →

COMPLAINT / INSPECTION REQUEST FORM

In order for the Town of Derry to act on a complaint or a request for an inspection from a resident of the Town of Derry, this form must be completed, signed, dated and received in our office. We will make a determination regarding appropriate action(s). Submission of this form alone does not mandate that an inspection be conducted.

	AINT DETAILS INT PROPERTY ADDRE	SS:	
FULL NAI	ME OF PROPERTY OWN	NER:	
AI	DDRESS OF OWNER OF	RECORD:	
PH	HONE NUMBER:	EMAIL:	
		lease be as specific as possible including any dates we yourself or property owner)	hen problems occurred, as



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*please include additional pages, a	is needed				
Complainant Information					
Name:	Name:				
Address:					
Phone Number:	Email:				
Do you Own/Rent the property where	the problem exists?Y	N			
Is there a property manager?Y	N If yes, Managers name:				
	Phone number:				
Signature of Complements		Data			
Signature of Complainant:		Date:			
FFICE USE ONLY					
Department recommendation(s):					
gnature:	Inspector name:	Date:			