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Town of Derry Health Dept.

14 Manning Street Derry, NH 03038

603-432-6148 derrynh.org

**please include additional pages, as needed*

Complainant Information

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 Complainant: _____ **Date:** _____

OFFICE USE ONLY

Department recommendation(s): _____

Signature: _____ Inspector name: _____ Date: _____