



Town of Ludlow

Department of Inspectional Services
488 Chapin Street, Room 300

Ludlow, MA 01056 Telephone (413) 583-5600 x1210 Building@Ludlow.ma.us

COMPLAINT FORM

Complainant Name _____ Date of Complaint _____

Complainant Address _____ Time of Complaint _____

Complainant Telephone # _____ Received by _____

Complainant Email Address _____

THIS COMPLAINT IS IN REFERENCE TO THE FOLLOWING PROPERTY:

Owner _____ Address _____

Nature of complaint: _____

I am basing my allegations on the above facts, and understand that as the Complainant, I may be asked to participate with the Town of Ludlow by appearing jointly at court, in the event the investigating inspector is personally unable to verify my allegations, thereby requiring legal proceedings to enforce the regulation referenced above. Pursuant to the above allegations I am requesting an investigation and enforcement if applicable.

Signature _____ Date _____