



TOWN OF BELLINGHAM

OFFICE OF THE

Inspectional Services Department

10 Mechanic Street

Bellingham, Massachusetts 02019

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www.bellinghamma.org

Tim Aicardi, Inspector of Buildings

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Complaint Form

Date: _____

BOH _____ Building _____ Zoning _____

Location: _____

Nature of Complaint: _____

Name of Complainant: _____ OR Anonymous : Yes ___ No: ___

Address of Complainant: _____

Phone number: _____

Complaint Rec'd by: _____ Time: _____

Follow Up to Complaint: _____

Is further Action Needed: Yes ___ No ___

If yes, specify recommended action and timeline:

Inspector's Signature: _____ Date: _____