



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS
BUILDING DEPARTMENT

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3253*

**Building Department
Complaint Form**

Today's Date: _____

Complainants Name: _____
Complainants Address: _____
Complainants Contact Number: _____
Complainants Email Address: _____

Name of Complainee: _____
Address of Complainee: _____
Date(s) of Alleged Violation(s): _____
Nature of Violation(s): _____

This is a formal request for enforcement of an alleged violation of the Town of Medway's Zoning Bylaw as well as Massachusetts' State Building Code.

Within 14 days of your receipt of this request, I anticipate a response stating any action or refusal to act upon this complaint and reasoning therefore.

I believe the above facts are true and understand that it is necessary for the Town of Medway to institute legal action in the courts. Therefore, I agree to testify as a witness on behalf of the Town of Medway should my concerns escalate. I also understand that any concerns I submit anonymously may not be looked into, nor will I receive the results of any outcome.

Signature: _____ Date: _____