



City of Holyoke, Department of Codes and Inspections
20 Korean Veterans Plaza, Room 300
Holyoke, MA 01040 Telephone (413) 322-5600 Fax (413) 322-5601

COMPLAINT FORM

Complainant Name _____ Date of Complaint _____

Complainant Address _____ Time of Complaint _____

Complainant Telephone # _____ Received by _____

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 City of Holyoke 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 _____



City of Holyoke, Department of Codes and Inspections
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Holyoke, MA 01040 Telephone (413) 322-5600 Fax (413) 322-5601

Date of Inspection _____ Owner's Name _____

Time of Inspection _____ Address _____

Inspected by _____

Permission is hereby granted to conduct an inspection of these premises.

Signature of person having lawful control of premises **Date**

Report Summary: _____

Action Taken _____
