TOWN OF ROCKLAND

DEPARTMENT OF INSPECTIONS

FENCE VIEWING

COMPLAINT FORM

DATE_____

ADDRESS WHERE VIOLATION EXISTS_____

ASSESSOR'S MAP #_____ LOT #_____

OWNER OF
RECORD:_____

ZONING DISTRICT:_____

PLEASE GIVE DETAIL OF VIOLATION (S) IN SPACE BELOW:

_____

_____

_____

_____

_____

_____

_____

NOTE: BY SIGNING THIS COMPLAINT FORM YOU MAY BE REQUIRED TO BE A WITNESS FOR THE TOWN OF ROCKLAND IN THE EVENT OF A COURT CASE.

SIGNATURE OF PERSON FILING COMPLAINT

_____

ADDRESS: _____

PHONE # : _____

THIS FORM MUST BE FILLED OUT COMPLETELY