



TOWN OF OXFORD

Building Department

325 Main Street, Oxford, MA 01540

Phone (508) 987-6038 ext. 4

building@oxfordma.us

COMPLAINT FORM

COMPLAINANT'S NAME (print) _____

PHONE NUMBER _____

Please leave your telephone number if you want the inspector to call you back on this matter. State you want a call back under the nature of the complaint.

LOCATION OF COMPLAINT (Street Name & #) _____

DATE OF COMPLAINT _____

TIME: _____

NATURE OF THE COMPLAINT

(This Section for Inspectors use only)

ACTION TAKEN
