

OFFICER OF BUILDING INSPECTOR
P.O.BOX 13
HINSDALE N.H. 03451—0013
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603/336/5702 Ext. 13

Town of Hinsdale Complaint Sheet

Incident # _____ Date Incident Reported* _____

Date of Incident _____ Time of Incident _____

Nature of Incident * _____

Location of Incident * _____

Floor _____ Apartment _____ # Units _____ Occ. Type _____

Tenant's Name _____

Complainant * _____ Phone # _____
Address _____

Explain Basis for complaint*

(Complainant to fill out lines with an asterick)

Owner Name _____

Owner Address _____

Owner Phone _____

Victim _____ DOB _____

Discovered by _____ Property Destroyed _____

Insurance Carrier _____

List of Exhibits _____

Date Inspection: _____ 1st Re-inspection _____ 2nd Re-inspection _____

Status _____

