



# TOWN OF CARVER

## Permitting Departments

108 Main Street, Carver, MA 02330  
508-866-3450

### REQUEST FOR ENFORCEMENT

Date: \_\_\_\_\_

To: Inspector of Buildings /Zoning Enforcement Officer / Board of Health Agent

I believe the Town Bylaws, Zoning Bylaws, State Building Code or State Sanitary Code (circle one) is being violated because:

\_\_\_\_\_

(Please attach additional pages if needed)

Address of Allege Violation: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

I am basing my allegations on the above facts and understand that as the complainant, I may be asked to participate with the Inspector of Buildings/Zoning Enforcement Officer or the Board of Health Agent by appearing jointly with him/her at court in the event the Inspector of Buildings/Zoning Officer or the Board of Health Agent 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.

I am certifying under the pains and penalties of perjury that the information provided above is true and correct.

Complainant original signature: \_\_\_\_\_

*The following information is required. Failure to provide your name, address and telephone number will result in the Inspector of Buildings/Zoning Enforcement Officer or the Board of Health Agent to process the complaint at his/her discretion. (PLEASE PRINT)*

Complainant Name: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Request for Enforcement Instructions

- Please be aware when you fill out a Request for Enforcement, you are filling a formal, written complaint.
- Read the Request for Enforcement form carefully and fill out the form completely.
- Sign and forward the original Request for Enforcement Form to the Building/Board of Health Department. (copies are not accepted).