

**Town of Goffstown, NH
ZONING COMPLAINT FORM**

Date: _____ Received By: _____ Phone Written In-Person

Address of Subject Property: _____

Complaint: _____

Name of Complainant: _____

Complainant's Address: _____

Phone #: _____ email: _____

Summary of Discussion with Complainant: _____

FOR TOWN USE ONLY (property information)

Map: _____ Block/Lot: _____ Zoning District: _____

Section of Applicable Zoning Ordinance: _____

Name of Owner(s): _____

Mailing Address of Owner(s): _____

Inspection Conducted: Yes/No _____ Date of Inspection: _____

Summary of Findings: _____

STAFF NOTE: Please also refer to the [Status of Filed Complaints](#) document for follow-up information.