



Town of Millis

Building Commissioner and Zoning Officer
900 Main Street
Millis, Massachusetts 02054
508-376-7044

ZONING REQUEST FOR ENFORCEMENT

M.G.L. Chapter 40A

Name of Complainant _____ Date _____

Address _____ Phone _____

Complaint made against (Name) _____

Street Address _____

Alleged Zoning Violation _____

(If necessary : use additional paper, submit plot plans and photo's) NOTE: form must be signed & dated below to start investigation

SIGNED _____ DATE: _____

.....
(Do not write below this line) Complaint Number _____

Received by Zoning Officer: _____ Date: _____

Millis Zoning By-law Section relating to complaint _____

Field Report and Recommendations _____