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 ___________________________