

COMPLAINT FORM

Town of Livermore Falls
2 Main Street Livermore Falls, ME 04254
Phone: (207)897-3321 Fax: (207) 897-9397

Please Note: All complaints are a public record. Per Maine's Freedom of Access Act 1 M.R.S.A. § 408 as amended by PL2004 Ch.709. Upon request, copies of this form & any attachments will be distributed to any interested person.

PLEASE PRINT

Name of person filing complaint: _____ Date: ____/____/____

Mailing Address (no P.O. Box): _____

Phone: (____)-____-____ Email: _____

Signature: _____

(Anonymous complaints are accepted however, the person filing the complaint will not receive a response on action taken.)

In your opinion, is your concern one of the following?

Life Safety Noise/Disturbance Blight Misc.

Please provide a physical location of the property the complaint is being filed against & the owner name(s) if available. Please list cross streets or helpful points of reference if you do not have the physical address:

Nature of Complaint: _____

Continue on reverse if additional space is needed

Mail or Deliver Form to Address Listed Above

Office Use Only:

Map# _____ Lot# _____

Received By: _____ Date: ____/____/____ Time: _____

Assigned To: _____ Date: ____/____/____ Time: _____

Action Taken: _____

Response as Attached was Provided By: _____