



TOWN OF LIVERMORE FALLS

CODE ENFORCEMENT DEPARTMENT

COMPLAINT FORM

Date of Complaint: _____ Rec. By: _____
MM/DD/YYYY INITIALS

Complainant Name: _____
FIRST M.I. LAST

Complainant Information: _____
NUMBER STREET

CITY STATE ZIP CODE

EMAIL PHONE

Accused Name: _____
FIRST M.I. LAST

Information: _____
NUMBER STREET

CITY STATE ZIP CODE

EMAIL PHONE

*****TYPE OF COMPLAINT*****

- | | |
|---|---|
| <input type="checkbox"/> ANIMAL CONTROL | <input type="checkbox"/> PROPERTY MAINTENANCE |
| <input type="checkbox"/> BUILDING LOT STANDARDS | <input type="checkbox"/> RENTAL HOUSING |
| <input type="checkbox"/> CURFEW | <input type="checkbox"/> SHORELAND ZONING |
| <input type="checkbox"/> FIREWORKS | <input type="checkbox"/> SLUDGE AND SEPTAGE |
| <input type="checkbox"/> HEALTH & SAFETY | <input type="checkbox"/> SOLID WASTE DISPOSAL |
| <input type="checkbox"/> MEDICAL MARIJUANA | <input type="checkbox"/> SPECIAL AMUSEMENT |
| <input type="checkbox"/> NOISE | |
| <input type="checkbox"/> OTHER: _____ | |

Complainant Signature: _____ Date: _____

***** CEO USE BELOW ONLY *****

DATE RECEIVED: _____ COMPLAINT NUMBER: _____

MAP #: _____ LOT #: _____ VIOLATION FOUND:

1st INVESTIGATION	DATE: _____	TIME: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
2nd INVESTIGATION	DATE: _____	TIME: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3rd INVESTIGATION	DATE: _____	TIME: _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
		VIOLATION NOTICE SENT	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

CEO Signature: _____ Date: _____

CEO Information:	Brandon C. Hobbs	Office Hours:	Wednesday 3p-8p
	Office: (207) 897-3321 x105		Friday 8a-4p
	Mobile: (207) 816-1236		
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