

**TOWN OF NEWPORT**  
**BUILDING DEPARTMENT**  
**Complaint Form**

Date: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Name: \_\_\_\_\_  
(person filing complaint)

Address: \_\_\_\_\_  
(person filing complaint)

Type of Complaint: **(Circle One)** 1) Housing Code 2) Building Code 3) Zoning

Name of Person complaint is filed against: \_\_\_\_\_

Has property owner been notified of complaint? \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Building or Property Complaint against: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Inspector or Appointee signature