

TOWN OF HENNIKER
Building, Planning, & Zoning Office

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www.henniker.org



COMPLAINT QUESTIONNAIRE

ALLEGED VIOLATION/BUILDING, ZONING, PLANNING, FIRE, HEALTH VIOLATION

PLEASE PROVIDE THE FOLLOWING INFORMATION – PRINT CLEARLY AND COMPLETE THE ENTIRE FORM

PHYSICAL ADDRESS/LOCATION
OF ALLEGED VIOLATION: _____

MAP/LOT NUMBER: _____

ZONING: REVIEWED BY: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

PHONE NUMBER: _____

RESIDENTS NAME: _____

RESIDENTS PHONE NUMBER: _____

DESCRIBE THE NATURE OF THE VIOLATION/COMPLAINT

Please note: This form is public record and is subject to public review.

COMPLAINANT'S NAME: _____ DATE: _____

MAILING ADDRESS: _____

PHONE NUMBER : _____ E-MAIL: _____