



# TOWN OF HUDSON

## FIRE DEPARTMENT - INSPECTIONAL SERVICES DIVISION

12 School Street ▪ Hudson, New Hampshire 03051 ▪ Tel: 603-886-6005 ▪ Fax: 603-594-1142

### Complaint Investigation Form

Address in Question: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Type of Complaint:      Health                      Safety / Fire                      Inspectional Services

Type of Occupancy:      Residential                      Commercial                      Industrial

**Please write your question or concern below. Please be as specific as possible.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

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

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

**For Office Use Only**      Date Filed: \_\_\_\_\_      Map: \_\_\_\_\_      Lot: \_\_\_\_\_

Pending Enforcement Issues:      N/A ☐ Yes      ☐ No      Date Forwarded to Zoning: \_\_\_\_\_

Environmental Issues:      N/A ☐ Yes      ☐ No      Date Forwarded to Engineering: \_\_\_\_\_

Possible Site Plan Infractions:      N/A ☐ Yes      ☐ No      Date Forwarded to Planning: \_\_\_\_\_

Other Department Notifications:      Department: \_\_\_\_\_      Date Forwarded: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_