



City Of Woburn

Massachusetts

City Hall
10 Common Street
Woburn, MA 01801

Department of Inspection Services

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Thomas C. Quinn, Jr.
Building Commissioner

Complaint Form

Date: _____

Type of complaint: Zoning [] Fence [] Pool [] Signs [] Building w/o permit [] other []

Address of violation: _____

Property Owner (if known): _____

Suspected violation(s) (provide specific details; use back of page if more room is needed):

Complainant:

Signature: _____

Address: _____ Phone: _____

[] I hereby authorize an inspector and/or his representative(s) to access my property to investigate this complaint.

Signature: _____ Date: _____

(Without authorization, inspections may only be performed from the public way.)

For office use only

Received by: _____ Tracking # : _____

Assigned to: _____ Inspection Date: _____

Disposition: _____

Documents entered into complaint tracker [] Date: _____

