

TOWN OF NORTH ANDOVER

Building Department
1600 Osgood Street
Building 2- Suite 2-36 Building Dept
North Andover MA 01845



Tel: (978) 688-9545

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COMPLAINT FOR INVESTIGATION

DATE:

TEL #: _____

NAME OF COMPLAINTANT:

ADDRESS:

COMPLAINT TYPE:

Electrical:

Plumbing:

Gas:

Building:

Property Owner:

Address:

Other: _____

Signed: _____