

# COMPLAINT FORM

Town of Old Orchard Beach  
1 Portland Ave Old Orchard Beach, ME 04064  
Phone: (207)934-5714 Fax: (207) 934-5911

**Please Note:** All complaints are a public record. Per Maine's Freedom of Access Act 1 M.R.S.A. § 408 as amended by PL2004 Ch.709. Upon request, copies of this form & any attachments will be distributed to any interested person.

## PLEASE PRINT

Name of person filing complaint: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (no P.O. Box): \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

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

(Anonymous complaints are accepted however, the person filing the complaint will not receive a response on action taken.)

In your opinion, is your concern one of the following?

Life Safety     Noise/Disturbance     Blight     Misc.

Please provide a physical location of the property the complaint is being filed against & the owner name(s) if available. Please list cross streets or helpful points of reference if you do not have the physical address:

\_\_\_\_\_

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

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

**Continue on reverse if additional space is needed**

**Mail or Deliver Form to Address Listed Above**

### Office Use Only:

Map# \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_  
Received By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Assigned To: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response as Attached was Provided By: \_\_\_\_\_