

## Complaint Form | Town of North Yarmouth



Name: \_\_\_\_\_

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

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

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

Contact Phone Number with Area Code: \_\_\_\_\_

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Assessing              | <input type="checkbox"/> Board/Committee |
| <input type="checkbox"/> Cemeteries     | <input type="checkbox"/> Code Enforcement       | <input type="checkbox"/> Employee/Staff  |
| <input type="checkbox"/> Mailbox        | <input type="checkbox"/> Motor Vehicle          | <input type="checkbox"/> Taxes           |
| <input type="checkbox"/> Road/Street    | <input type="checkbox"/> Waste/Recycling Pickup | <input type="checkbox"/> Other           |

Please provide a brief summary:

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Please print, complete and return this form to the Town Office. You may hand deliver, use the drop box, mail, fax (207-829-3743) or email it to [dbarnes@northyarmouth.org](mailto:dbarnes@northyarmouth.org)