

TOWN OF KINGSTON, NH

**CODE/ZONING/BUILDING COMPLAINT
FORM**

Date received: _____

Name: _____

Address: _____

Telephone/Email _____

SUBJECT PROPERTY: _____

OWNER/TENANT: _____

TELEPHONE/EMAIL: _____

NATURE OF COMPLAINT:

Signature: _____ Date: _____

Municipal Use Only

Action Taken: _____

Final Disposition: _____