



TOWN OF ANDOVER
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GENERAL COMPLAINT FORM

Name: _____ Date: ___/___/___

Address: _____

City/State/Zip: _____

Description of Complaint:

Referred to: _____ Date: ___/___/___

Selectboard Recommendation or Action Taken:

Signature: _____

Date: ___/___/___

Signature: _____

Date: ___/___/___

Signature: _____

Date: ___/___/___