

Town of Newbury

Complaint/Compliment/Problem Form

Date: _____

Name: _____

Address: _____

Map/Lot #: _____

Phone #: _____

Please explain the reason for submitting this form:

Office Use Only

Date Received: _____

Referred To and Date: _____

Action Taken:

Please return report of action taken to Selectboard's office within 10 days of receipt of form. Additional Comments:
