



**Chesterfield Code Enforcement Office**  
490 Route 63  
P.O. Box 175  
Chesterfield, NH 03443  
[building@nhchesterfield.com](mailto:building@nhchesterfield.com) 603-363-4624 x12

Please use this form to report suspected zoning ordinance violations. Please type or print neatly, answer as completely as possible, then sign and date this form or attached additional document. We are unable to investigate incomplete forms. We are also unable to accept anonymous complaints but can maintain the privacy of your name as the confidential source.

## Code Enforcement Complaint Form

|   |                                |                                   |
|---|--------------------------------|-----------------------------------|
| Property Address:   |                                |                                   |
| Complainant Name:   |                                | Telephone:                        |
| Date Suspected Activity Began:  | Date Suspected Activity Ended: | <input type="checkbox"/> On Going |
| <b>Nature of the Complaint:</b> (As specifically as possible, please describe the suspected violation(s) of the Chesterfield Zoning Ordinance, state environmental law(s), or state RSA. If someone other than the homeowner is involved in the violation, please include. You must obtain all information without trespassing on private property.) You may attach a printed document in lieu of writing in the space below. |                                |                                   |
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|   |                                |                                   |
|   |                                |                                   |
| Complainant's Signature:  |                                | Date:                             |

### For Office Use Only:

|   |                             |
|---|-----------------------------|
| Date:   | Time: AM PM                 |
| Received By:  | By Mail / Email / In-Person |
| Please attach code enforcement inspection and violation status worksheet to this complaint form when completed. |                             |