



TOWN of STERLING

Complaint Form

Building Inspector
Tony Zahariadis

This section for official use only	
Tracking number _____	
Received By: _____	Date Received: _____

ZONING BUILDING BOARD OF HEALTH OTHER _____

1. ADDRESS OF ALLEGED

VIOLATION: _____

2. NAME OF OWNER OF THE

PROPERTY: _____

3. NATURE OF THE ALLEGED

VIOLATION: _____

4. NAME OF THE COMPLAINANT: _____

5. ADDRESS OF THE

COMPLAINANT: _____

6. TELEPHONE# OF COMPLAINANT:

HOME _____ WORK _____ CELL _____

7. SIGNATURE OF THE

COMPLAINANT: _____ DATE: _____