



Town of Oak Bluffs  
Board of Health  
P.O. Box 1327  
Oak Bluffs, MA 02557  
508-693-3554 Ext. 127

William White  
Chairman

James Butterick  
Thomas Zinno  
Board Members

Meegan Lancaster  
Health Agent

**1. COMPLAINANT INFORMATION**

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_

I am certifying under the pains and penalties of perjury that the information provided above is true and correct.

**2. LOCATION OF ALLEGED VIOLATION**

Owners Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3. Describe in detail the nature of the alleged violation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Provide any additional information that might help the investigation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Health Department Action:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

