



TOWN OF CONWAY

23 MAIN STREET+ P.O. Box 2680 + CONWAY, NEW HAMPSHIRE 03818

(603) 447-3811
WWW.CONWAYNH.ORG

Town Of Conway Zoning Complaint Form

Date:

Address of Complaint :

PID#

Complainant Information: *Be as detailed as possible*

Would you like to remain anonymous?: Yes ☐ No ☐ *If you chose to stay anonymous please note we will not follow up with you regarding this complaint.*

Signature:

Name:

(PLEASE PRINT)

(PLEASE
PRINT)

Date:



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Town Of Conway Zoning Complaint Form

OFFICE USE ONLY

Address of Complaint:

PLEASE PRINT

PID#

COMPLAINANT INFORMATION:

Property Owners Name:

Mailing Address:

Phone #:

Email:

Date of Complaint:

Date of Investigation:

Town of Conway Code:

Is This a Repeat Offense?: Yes ☐ No ☐ (B) Has a Notice been sent in the past 30 Days: Yes ☐ No ☐

List of Prior Violations [DATE]

Findings:

Signature:

Name:

Date:

(PLEASE PRINT)