

# TOWN OF MARLOW

Health Officer

## Complaint Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Are you a resident of the building? \_\_\_\_\_

Have you discussed this matter with the owner? \_\_\_\_\_

Location of dwelling \_\_\_\_\_

The Marlow Health Officer has jurisdiction to receive and act upon a complaint that a dwelling is "unfit for human habitation" based upon one or more of the following conditions. Please check one or more of the following criteria which you believe most accurately supports your claim that the dwelling is not fit for human habitation:

- |   |   |
|---|---|
| <input type="checkbox"/> Rodent or insect infestation                         | <input type="checkbox"/> Holes in floor, walls, or ceilings   |
| <input type="checkbox"/> Defective plumbing or faulty septic or sewage system | <input type="checkbox"/> Unsound porches, stairs or railings  |
| <input type="checkbox"/> Exposed, improper or defective electrical conditions | <input type="checkbox"/> Accumulation of garbage or refuse    |
| <input type="checkbox"/> Roof or wall leaks                                   | <input type="checkbox"/> Inadequate water supply or hot water |
| <input type="checkbox"/> Falling plaster from wall or ceilings                | <input type="checkbox"/> Inadequate heat                      |

Descriptions of conditions constituting claimed violation: \_\_\_\_\_

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

*Approved Form  
4-17-12 BAF/yl  
DC 17*

Health Officer Complaint Form (continued)

Date of observed conditions \_\_\_\_\_

If you have discussed this matter with the owner, please describe what happened:

Conclusion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken by the Health Officer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The foregoing information is correct and accurate to the best of my knowledge and belief.

If the Health Officer is unable to resolve the issue, a summary of the situation will be given to the Selectboard for additional assistance.

Signed by the Certified Health Officer.

\_\_\_\_\_

*Approved Form  
4-17-17 SA*