Town of Nahant – Nahant.Org

Office of the Health Inspector

Request for Enforcement

To: Health Inspector
Town of Nahant
334 Nahant Rd
Nahant MA 01908

Date:_____

Nature of Complaint:

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Address of Violation:_____

Property Owner:_____

Complainant Name:_____

Address:_____

Phone # Day:_____

Phone # Evening:_____

Signature:_____