



Town of Lincoln Code Enforcement Complaint Form

100 Old River Road
Lincoln, RI 02865
(401) 333-8430 Fax: (401) 333-3648

In order for a complaint to be received by the Town, the reporting party **must** sign this form. The Town will keep this information confidential unless it is ordered to be released by court order or by permission of the reporting party. **Anonymous complaints or incomplete forms will not be investigated. PLEASE COMPLETE SECTIONS 1, 2, & 3.**

Fill in the boxes below. Complaints can be mailed to the post office address listed above, faxed to the number listed above, or dropped off directly at the office at the Buildings Department, 100 Old River Road.

SECTION 1: Complainant Information (*) Denotes Required Information

*Name _____	
*Address: _____	
*City/State/Zip: _____	
Daytime Phone: _____	E-mail: _____
Do you want to be contacted and kept apprised of the investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we disclose your name as part of the investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2: Location Information

Owner/Occupant (if known): _____	
*Location of Violation (if no address, location of property, i.e. northwest corner of Main & Jones St.): _____	
How long has Violation Existed? _____	
May we view the complaint from your property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have knowledge of, or have you filed a complaint on this address before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: *Summary of Complaint (give specific description and details of complaint such as type of debris; vehicle license number, etc.)

FOR OFFICE USE ONLY

How Received?	
<input type="checkbox"/> By Fax	Opal ID#: _____
<input type="checkbox"/> By Mail	Remarks: _____
<input type="checkbox"/> In Person	_____
Date Received: / /	

Reporting Party's Signature

Date