

TOWN OF GRANBY

Board of Health 215B West State Street Granby, MA 01033

Tel#: 413-467-7174 Fax#: 413-467-3101

boh@granbyma.org

COMPLAINT FORM

Today's Date: Time:	<u> </u>		
COMPLAINANT			
Name:		-	
Address:		-	
Telephone:		-	
Complaint:			
Action Taken:			

Remarks: