

City of Waltham Massachusetts

Email to: bbower@city.waltham.ma.us
Mail to: 119 School Street 2nd Floor
Waltham, MA 02451

REQUEST FOR ZONING ENFORCEMENT

Date:	Address of Violation:
Description of Violation:	
is my understanding that, as bintly with the Zoning Enforce	the complainant, I may be asked to participate with the Building Department by appearing ement Officer in court.
	ns and Section 7.431 of the City of Waltham Zoning Ordinance, I am requesting I understand that the City will endeavor not to disclose my name unless required to by law.
give my permission for the W urposes of investigating this c	Valtham Building Department and it's designees to enter upon and traverse my property for the complaint.
Complainants Nar	ne:
Address:	(print)
Contact Phone:	Email:
Signature:	