



Town of Oak Bluffs
Board of Health
P.O. Box 1327
Oak Bluffs, MA 02557
508-693-3554 Ext. 127

William White
Chairman

James Butterick
Thomas Zinno
Board Members

Garrett Albiston
Health Agent

Alexa Arieta
Assistant Health Agent

1. COMPLAINANT INFORMATION

DATE: _____

Name: _____

Street Address: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Complainant Signature: _____

I am certifying under the pains and penalties of perjury that the information provided above is true and correct.

2. LOCATION OF ALLEGED VIOLATION

Owners Name: _____

Street Address: _____ State: _____ Zip: _____

Map: _____ Parcel: _____ Phone Number: _____

3. Describe in detail the nature of the alleged violation:

4. Provide any additional information that might help the investigation:

5. Health Department Action:
