

Town of Franklin
Minimum Housing Standards
Complaint Form

Date _____

Complaint Taken by: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name of Business (if applicable): _____

Address of property involved: _____

Complaint: _____

Actions taken by you and result: _____

Property Owner Name: _____ Parcel ID: _____

Owner Address: _____

For office use only:

Notes/Follow-Up:

