Town of Weare

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Board of Selectmen
Keith Lacasse, Chairman
Thomas Clow, Vice Chairman
James Leary
Jennifer Bohl
Frederick Hippler

Selectmen's Office

Town of Weare Complaint Form

Date:_____
Time:_____
Map: _____Lot: _____

Location of Complaint:_____
Ownerôs Name:_____
Name of Complainant:_____
Address:_____

Complaint:_____
_____
_____
_____
_____
_____

Signature of Complainant:_____Date:_____

Resolution:_____
_____
_____
_____
_____
_____

Signature/Title:_____Date/Time:_____

Assessing_____Building/Zoning_____FireDept._____Health_____
PlanningDept_____PoliceDept._____PublicWorks_____
Selectmen_____Town Clerk/Tax Collector_____Other_____