

TOWN OF BROWNFIELD
82 Main Street
Brownfield, ME 04010

COMPLAINT FORM

TO: Board of Selectmen
Town of Brownfield, Maine

DATE: _____

PERSON FILING COMPLAINT:

Name: _____
Address: _____
Telephone: _____

NATURE OF COMPLAINT:

SIGNED: _____

ACTION TO BE TAKEN:

First Selectman

Second Selectman

Third Selectman