



# TOWN OF JACKSON

OFFICE OF THE SELECTMEN

## SHORT TERM RENTAL COMPLAINT FORM

TOWN OF JACKSON

PO Box 268

Jackson, NH 03846

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Phone: 603-383-4223 x 101 Fax: 603-383-6980

### PERSON MAKING COMPLAINT:

Name(s): \_\_\_\_\_

Preferred contact method (phone and/or e-mail): \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

### COMPLAINT:

Address of property that is the subject of this complaint: \_\_\_\_\_

Brief Description of Complaint (please include dates and times of all conduct complained of): \_\_\_\_\_

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Has the above complaint been reported to *(please enter the date of any report made to any of the following)*:

■ Jackson Building Inspector \_\_\_\_\_ ■ Jackson Fire Department \_\_\_\_\_ ■ Jackson Police Department \_\_\_\_\_

Do you have any physical evidence supporting your complaint (such as audio, video, or pictures)? If so, please provide a brief description of the evidence *(note that you do not need to provide any evidence with your Complaint Form; you will only need to provide evidence if the Select Board makes a request to see/hear it)*: \_\_\_\_\_

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Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(printed name)