

**Town of Seabrook**  
**Building & Health Department**  
**603.474.3871**  
[code@Seabrooknh.org](mailto:code@Seabrooknh.org)

**Action Request Form**

Please fill out the form completely and legibly. If this is a Covid-19 related complaint, please fill out our Covid-19 Complaint form.

Request       Information       Complaint       Report

Contact Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location of Property: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Briefly describe the issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Involved & Contact Info:

\_\_\_\_\_

Your name (Please Print) \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\*\*Office Use Only\*\*\*\***

Disposition Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Action Completed: \_\_\_\_\_ Signature: \_\_\_\_\_

Action Request Policy: All requests will be submitted in writing. Copies may be forwarded to the Town Manager & Board of Selectmen. All requests are reviewed with written response in two weeks. An explanation of the extenuating circumstance as to why a response will take more time may be given alternatively. All requests are public information unless health related or restricted by law.