

**COMPLAINT FORM
TOWN OF SEABROOK, NH
WATER DEPARTMENT
PO BOX 456, SEABROOK, NH 03874**

Owners Name: _____ Date: _____

Address: _____ Telephone #: _____

E-Mail Address: _____ Cell Phone #: _____

Location: _____

Explain Problem: _____

Your Name: (Print) _____

Your Signature: _____

Suggestions made by the Seabrook Water Department Staff: _____

Water Superintendent recommendations: _____

Follow-up date: _____