BILLERICA HOUSING AUTHORITY

John Saulnier, Chair James O'Donnell, Vice Chair Carol Ford, Treasurer Marie O'Rourke , Assistant Treasurer Martin Conway, Member Robert M. Correnti, Executive Director

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NO SMOKING COMPLAINT FORM

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VIOLATION		
NAME OF VIOLATOR		
DATE/TIME OF VIOLATION		
LOCATION		
DESCRIPTION		
******************************	******	*****
I give permission for my name to be revealed to the violator.	Yes	No
Signature	Date	

Form must be signed and dated in order for BHA to follow up on complaint.