

**TOWN OF PLAINVILLE
OFFICE OF FIRE MARSHAL
BLASTING COMPLAINT FORM**
sutherland@plainville-ct.gov

Date: _____

Complainant: _____

Address: _____

Town/City: _____

Home Phone # _____

Cell # _____

Blasting Location: _____

Describe in detail the complaint:

Return to: Fire Marshal
One Central Square
Plainville, CT 06062

Off: 860-793-0221 ext 218

Fax # 860-793-2285

Received by: _____

Date: _____