

OPEN MEETING LAW COMPLAINT FORM

Submit to:

Town of Wallingford

Date:

ATTN: Wallingford Selectboard via Town Administrator
75 School St
Wallingford, VT 05773

Print Name of Person Filing Complaint: _____

Signature: _____

PHONE: _____

EMAIL: _____

Address: _____

FACTUAL DESCRIPTION OF THE COMPLAINT: Prior to bringing a civil action in the Civil Division of the Superior Court in the county in which the alleged violation has taken place for appropriate injunctive relief or for a declaratory judgment, Vermont law requires any person aggrieved by an alleged violation of the Open Meeting Law to provide the public body with a written notice that alleges a specific violation and requests a specific cure of such violation.

- Date and Time Occurred:
- Name of Public Body:
- Specific Violation Alleged:
- Specific Cure Requested:

Please provide any additional facts that may assist the Town of Wallingford in its investigation below: _____

If you need more space, please attach sheets to this form. Submit this document, and any supporting documentation, to the address at the top of this form. Name of individual submitting complaint and contact information: