

FORMAL COMPLAINT

Complainant: _____

Address: _____

Phone #: _____

Site Location: _____

Property Owners: _____

Nature of Compliant:

Have you discussed your concerns with your neighbor? YES NO Attachments Included: YES NO

Complainant Signature: _____

Date: _____

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**TO BE COMPLETED BY ENFORCEMENT OFFICER:**

Parcel Address: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

Violation of Article: \_\_\_\_\_, Section: \_\_\_\_\_, Subsection: \_\_\_\_\_, of the

\_\_\_\_\_ **Land Use Regulations** \_\_\_\_\_ **New York State Fire Prevention and Building Code**

Site inspection completed on: \_\_\_\_\_ (date) at \_\_\_\_\_ (time- AM/PM)

Report of Findings:

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

Recommended Action:

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

\_\_\_\_\_  
Code Officer Signature