TOWN OF CLAVERACK
Building Department
91 Church Street, PO Box V
Mellenville, NY 12544
PHONE 518- 672-4471 / FAX 518-672-4821

# COMPLAINT FORM

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

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Name of Property Owner of Alleged Violation: _____

Address of Alleged Violation: _____

What is the reason this reason being made? Please check one:

( ) Health ( ) Safety ( ) Fire Hazard

Please explain problem (log events, people involved, etc.) _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I have read the following:
I understand that this complaint may result in a court action being taken against the owner of the property, and/or the tenant of the property. At this time, I understand and agree that I will appear at all court appearances which should arise from this complaint. (Per Zoning Law Section 20.13)

_____ _____
(Signature of Complainant) (Date)

# Action by Code Enforcement Officer

Date received: _____

Possible violation of Article _____, Section _____, Subsection _____

Of the _____

Site Inspection completed on: _____ at _____ (AM/PM)

Findings:

_____

_____

_____

Recommended Action:

_____

_____

_____

Formal Response to Complainant (Date): _____

Final Report Date: _____

Tax Map Grid # _____

_____

Code Enforcement Officer Date