



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: _____ Phone: _____

Name of Property Owner of Alleged Violation: _____

Address of Alleged Violation: _____

What is the reason this complaint 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