

File Number: _____

LOCAL CODE ENFORCEMENT COMPLAINT FORM

Forestport, New York

Your complaint will be reviewed to determine whether there is a basis for the Department to attempt a resolution in your behalf. If a basis for action is found, you will be so notified and steps will be taken. You must mail or fax this form and any supporting documents to the Code Enforcement Official.

Complainant Information:

Name: _____ Telephone: (____) _____

Street Address: _____ Fax: (____) _____

City: _____ Zip Code: _____

Code Enforcement Jurisdictional Information:

Code Enforcement Jurisdiction: Town of Forestport

Code Enforcement Official Name: _____ Telephone: (____) _____

Street Address: _____ Fax: (____) _____

City: _____ Zip Code: _____ County: _____

Pre-Qualification Information:

	Yes	No
1. A completed form has been given to the Local Code Official		
2. An attempt to resolve the matter using local means has been made		
3. This complaint has been or may be the subject of a law suit		
4. This matter involves one or more provisions of Local Law		
5. This matter involves a dispute with a landlord		
6. This matter involves a dispute with a neighbor		

Description: (attach additional sheets, if necessary)

Complainant's signature: _____

Date: _____