

Town of Urbana
Codes Enforcement Department
PO Box 186 ~ Hammondsport NY 14840

COMPLAINT of VIOLATION

Date _____

Complainant Name _____
Address _____ Telephone _____

Property Location _____
Property Owner, if known _____
Nature of Complaint _____

Date Observed _____

For Office Use Only

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Department: ___ Building ___ Zoning ___ Other: _____
Date Received _____ Date of Site Inspection _____
Possible Violation of Chapter _____ Section _____ Subsection _____
Report of Findings _____

Recommended Action _____

Date of Response to Complaint _____

Name of Officer _____