

**VILLAGE OF CANASTOTA
CODE ENFORCEMENT OFFICE
COMPLAINT FORM**

DATE: _____

NAME OF COMPLAINANT: _____

ADDRESS: _____

TELEPHONE: _____

DESCRIPTION OF COMPLAINT: _____

NAME OF COMPLAINT: _____

ADDRESS OF COMPLAINANT: _____

=====

FOR CODE ENFORCEMENT OFFICIAL USE

=====

DATE RECEIVED: _____ **TAX MAP #** _____

INSPECTED BY: _____

CODE VIOLATION: _____