

VILLAGE OF PHILMONT
BUILDING DEPARTMENT
PO Box 822
124 Main Street
Philmont, NY 12565
Phone(518-672-7032) FAX (518-672-0083)

COMPLAINT

VILLAGE OF PHILMONT CODE ENFORCEMENT MEMORANDUM
INFORMATION SHALL BE SUPPLIED BY CITIZEN MAKING COMPLAINT

NAME OF COMPLAINANT _____
STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE (HOME) _____ **(WORK)** _____ **(CELL)** _____

NAME OF PROPERTY OWNER OF ALLEGED VIOLATION:

PHYSICAL ADDRESS OF ALLEGED VIOLATION:

PLEASE EXPLAIN PROBLEM (log of events, people involved, etc):

USE BACK OF THIS FORM OR ATTACHMENTS FOR ADDITIONAL COMMENTS

WHAT REASON IS THIS COMPLAINT BEING MADE?
PLEASE CHECK ONE: HEALTH _____ SAFETY _____ FIRE HAZARD _____

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 160-51]

DATED: _____ **SGNATURE OF COMPLAINANT** _____

Action by Enforcement Officer	
Date received:	_____
Possible Violation of article _____, Section _____, Subsection _____ of the	_____
Site Inspection completed on:	_____ at _____ [AM/PM]
Findings:	_____ _____
Recommended Action:	_____
Tax Map No. _____	Initial Response to Complainant _____
	Final Report Date _____
Enforcement Officer's Signature (S.F. Koloski/D. Callahan)	