

# VILLAGE OF CENTRAL SQUARE

3125 East Ave, Central Square, NY. 13206

## Code Enforcement Office

Office: (315) 668-2558 Email: [cscodes@cnyemail.com](mailto:cscodes@cnyemail.com)

### Code Enforcement Complaint Form

Instructions: In order for your complainant to be accepted, you must fill in all questions completely. It is important that you supply as much detail as possible, leaving no area blank. If you have any questions, please call the code enforcement office.

Date: \_\_\_\_\_

Address of Violation (be specific) \_\_\_\_\_  
\_\_\_\_\_

Nearest cross street: \_\_\_\_\_

Residents Name (if known): \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Violation Type:

- |                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Use  | <input type="checkbox"/> Building Condition | <input type="checkbox"/> Setback | <input type="checkbox"/> Property Maintenance |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Junk or Trash      | <input type="checkbox"/> Weeds   | <input type="checkbox"/> Abandoned Auto       |

Other (Specify): \_\_\_\_\_

Describe Violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What impact does this have on you or your neighborhood? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-Continue

Are there ANY known or suspected hazards at this location? (IE: dangerous animals, unstable residents, criminal activity, etc.)

Yes     No     Unknown

If yes, please identify the hazard in detail: \_\_\_\_\_  
\_\_\_\_\_

Can the violation be seen from the road?  Yes     No

If not, what is the best location to see the violation? \_\_\_\_\_

Is the complainant a neighbor?  Yes     No

The complainant gives the Code Enforcement Officer permission to use their property for viewing the violation:  Yes     No    If not. Why? \_\_\_\_\_

Will you, the complainant testify in court should the need arise?  Yes     No  
(Note: your complaint may not be able to be acted upon without you being able to testify.)

If you have photographs, or other related information that can be used as evidence of this violation, please submit them with this complaint. The submitted documentation will not be returned and will become part of the complaint file.

**COMPLAINANT:** (Your name and Signature is required and must be completed.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Signature X \_\_\_\_\_

**Thank you for your concern in making the Village of Central Square a better place to live**