

VILLAGE OF CENTRAL SQUARE

Tax Map Number: _____

COMPLAINT FORM

Form of Complaint: Phone Letter (attached) Village Web Site Other

Complainant: _____

Address: _____

Phone: _____

Site Location: _____

Property Owner: _____

Nature of Complaint: _____

ACTION BY ENFORCEMENT OFFICIER:

Possible violation of Article _____, Section _____, Subsection _____ of the
_____ (name of law) _____

Site Inspection completed on _____ (date) at _____ (time) _____ (AM/PM)

Report of Findings: _____

Action Taken: _____

Code Enforcement
