

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

**DATE:** \_\_\_\_\_

**NAME OF COMPLAINANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**DESCRIPTION OF COMPLAINT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NAME OF COMPLAINT:** \_\_\_\_\_

**ADDRESS OF COMPLAINANT:** \_\_\_\_\_

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**FOR CODE ENFORCEMENT OFFICIAL USE**

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**DATE RECEIVED:** \_\_\_\_\_ **TAX MAP #** \_\_\_\_\_

**INSPECTED BY:** \_\_\_\_\_

**CODE VIOLATION:** \_\_\_\_\_