

CODE ENFORCEMENT COMPLAINT FORM

Instructions: Please fill out and drop off at the Building Department or you may email it to buildingcoordinator@clarksonny.org

Please note: Any violations that end up in court, the complainant may need to be present at court date.

Complainant Name: _____

Complainant Email: _____

Complainant Phone: _____

Complainant Location: _____

Address of the violation: _____

Date violation occurred/noticed: _____

Rental Property, if known: (Please circle) Yes No

If yes, Tenant's Name, if known: _____

Do you wish that this complaint be anonymous? (Please circle) Yes No

Details of the complaint: (Be specific):

Can the violation be seen from the town right of way? (Please circle) Yes No

Do you grant the Code Enforcement Officer permission to enter upon your property for viewing the violation? (Please circle) Yes No

Will you, the complainant, testify in court, should the need arise? (Please circle) Yes No

**If you have photos or other related information that can be used as evidence of this violation, please submit them with this form. The submitted documentation will become part of the complaint file.

Complainant Signature: _____ Date: _____