

TOWN OF CANADICE
COMPLAINT OF VIOLATION

<hr/>	/	/	20
COMPLAINANT'S NAME	& SIGNATURE		Date
<hr/>			
Address			
<hr/>			
E-mail address		()	-
		Phone	

Town of Canadice

ADDRESS OF ALLEGED VIOLATION

Property owner (if known)

NATURE OF COMPLAINT

ACTION BY CODE ENFORCEMENT OFFICER	/	/	20
Possible violation of the	Date complaint received by CEO		
<input type="checkbox"/> Code of the Town of Canadice , Article _____, Section _____, Subsection _____; and/or the			
<input type="checkbox"/> Property Maintenance Code of NYS , Article _____, Section _____, Subsection _____; and/or the			
<input type="checkbox"/> Building Code of NYS , Article _____, Section _____, Subsection _____; and/or			
<input type="checkbox"/> See attachment for additional code violation quotes.			
/ /	20	AM/PM	
Site inspection date	&	time	Tax Map Number
<hr/>			
Report of CEO's findings			
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CEO's recommendation(s) for action			
<hr/>			
<hr/>			
/ /		20	
Date of response to Complainant		Code Enforcement Officer's signature	

Submit this *signed* complaint to

Code Enforcement Officer, Town of Canadice
5949 County Road 37, Springwater, NY 14560