Complaint of Violation

Complaint form must be complete with a signature and contact information in order for the Building/Code Department to act on it.

Site of Complaint:

Tax Parcel Number: Section Block Lot

**Nature of Complaint**:

**Complainant Name**: **Phone**:

**Address**:

**Signature**: **Date**:

 Office Use Only

Possible Violation of: **Article** **Section**  **Subsection**

Of the Town of Ellicott Zoning Law/NYS Building Code

Complaint Received By: Date: