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RECEIVER OF TAXES AND ASSESSMENTS
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PATRICK A. TYLER
KATY L. WHITMORE
KENNETH SWAN

ATTORNEY
MARILYN FIORE-LEHAMN

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:_____