

TOWN OF OTTO NOTIFICATION FORM

INSTRUCTIONS

Complete form and sign.

Mail or hand deliver to:

Otto Town Clerk
8842 Otto - E.Otto Road
Cattaraugus, NY 14719

OFFICE USE

Received by: _____

Date: _____

(Only a dated and signed copy of this Due Notice form will serve as proof of receipt.)

INFORMANTS'S FULL NAME : (Print)

ADDRESS (Mailing)

()

Telephone number

CITY, STATE, ZIP

DUE NOTICE

Date of Incident:_____

(Clearly provide detailed information about the situation and use the reverse side of the form if more space is needed)

SIGNATURE OF INFORMANT _____

DATE _____