Town of West Almond, NY

Complaint of Violation

Complainant: _____

Address: _____

Phone Number: _____

Complaint Site Location: _____ **Tax ID #** _____

Property Owner: _____

Phone Number: _____

Complaint Address: _____

Nature of Complaint, (be specific):

_____ _____

Complainant Signature **Date**

Complaint Number: Date Received: