

Village Complaint Form

The Purpose of Code Enforcement:

Code enforcement maintains the greater good of the community by gaining compliance with the Village of Franklinville Municipal and Zoning Codes. Code violations may negatively affect the health, safety, welfare, and environment of the community, and reduce property values.

Please use this form to report alleged Village Code violations. Such violations include but are not limited to noise, rentals, property maintenance, zoning or other issues. Be thorough in describing your concern and provide as much information as you can to assist us in resolving this issue.

If you have any questions, please contact the Code Enforcement Office by phone at 716-676-3067 or via email at villagecode@franklinvillenyny.org.

Address of the violation(s) (where the issue exists) *

Street Address

Street Address Line 2

Type of Complaint *

- ☐ Noise
- ☐ Garbage/Rubbish
- ☐ Tall Grass/Weeds
- ☐ Zoning
- ☐ Unregistered/Inoperable Vehicle
- ☐ Signs
- ☐ Drainage
- ☐ Unsafe/Unsecure Structure
- ☐ Unpermitted Work
- ☐ Snow Removal (DPW)
- ☐ Potholes (DPW)
- ☐ Poorly Visible Traffic Signs (DPW)
- ☐ Other

Detailed Description of Complaint: *

What is the best time of day or day of week to observe the violation? *

Can the violation be seen from the Village right of way? *

- ☐ Yes
☐ No

Are there any known or suspected hazards at this location? (I.e. dangerous or unstable residents, dogs, criminal activity, etc.)* *

- ☐ Yes
☐ No
☐ Uncertain

If yes, please identify the hazard in detail.

If "no" what is the best vantage point?

Name of Owner/Tenant (if known)

Is the location of the complaint occupied by the property owner? *

- ☐ Yes
☐ No
☐ Unknown

Have any previous complaints been made?

- ☐ Unknown
☐ Yes
☐ No

If yes, when was the last date submitted?

Month Day Year

Complainant Information

Name of Applicant *

First Name

Last Name

Please select your relationship to the complaint address. *

- ☐ Neighbor
☐ Tenant
☐ Landlord
☐ Other

Your Email Address

example@example.com

Mailing Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Daytime Phone Number *

Please enter a valid phone number.

Do you grant the Code Enforcement Officer permission to enter upon your property for viewing the violation? *

- ☐ Yes
☐ No

Will you, the complainant, testify in court, should the need arise? *

- ☐ Yes

Evidence of Violation

If you have photos, or other related information that can be used as evidence of this violation, please submit them with this form. The submitted documentation will become part of the complaint file.

I affirm that all information in this complaint is true and factual. *

- ☐ Yes
☐ No

Would you like to be contacted about this complaint? *

- ☐ Yes
☐ No

Today's Date: *

--	--	--

Month Day Year

