

Codes Complaint Form

TOWN & VILLAGE of Seneca Falls, New York

Dean Zettlemoyer
Phone 315-568-8013
Fax 315-568-4672

81 West Bayard Street
Seneca Falls, NY 13148
email: sfzoning@senecafalls.com

Please use this form to report possible Zoning Violations you observe. Mail or return this signed form to the Zoning Officer at the above address. Zoning Complaints are investigated upon receipt of a signed and complete complaint alleging a violation of the Zoning Ordinance.

Please note: In the absence of a signed complaint or a completely filled out complaint form, a concern will be acted upon at the discretion of the Zoning Officer, and only as time allows. No follow-up information can be provided in the absence of a signed complaint form.

Date: _____

Date Received: _____

Name of Person Registering Complaint: _____

Address: _____

Telephone Number: (____) _____ - _____

Signature of Complainant: _____

Name of Person who Complaint is being made on: _____

Location / Address of Complaint: _____

Nature of
Complaint: _____

To be completed by the Zoning Officer:

Date of Inspection _____

Complainant Notified Date: _____

Signature of Zoning Officer: _____