



Office of Zoning & Code Enforcement TOWN OF SENECA FALLS

130 OVID STREET
SENECA FALLS, NY 13148

315-568-8013
www.senecafalls.com

CODE COMPLAINT FORM

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 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.

Today's Date: ____ / ____ / ____ Date Received: ____ / ____ / ____

Are you a: Tenant Neighbor Landlord Other

Would you like this Complaint to be Anonymous? Yes No

Name of Person Registering Complaint: _____

Physical Address: _____

Mailing Address: _____

Home Telephone: (____) ____ - ____ Cell: (____) ____ - ____ Fax: (____) ____ - ____

Email Address: _____@_____

Complaint Information

Location / Address of Complaint: _____

Explain in Detail the Nature of Complaint:

How would you like to be contacted? Phone Email Letter Fax

Signature of Complainant: _____

TO BE COMPLETED BY THE ZONING OFFICER

Site Inspection completed on _____ 20____ at (time) _____ AM / PM
Possible violation of Article _____, Section _____, Subsection _____ of the
_____ (name of the law) _____

Report of Findings:

Action Taken: No Action Conversation with Owner Letter to Owner
 Notice of Violation Order to Remedy

Signature of Code Enforcement Officer: _____