

**TOWN OF BRASHER  
COMPLAINT FORM**  
Return To: Robert Forbes  
PO Box 358  
Brasher Falls, NY 13613  
Phone: 389-4223 ext. #4

Date of Complaint \_\_\_\_\_ Time \_\_\_\_\_

Complaint Received By \_\_\_\_\_

Complainant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Complainant's Address \_\_\_\_\_

Property Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owners Address \_\_\_\_\_

Description of Complaint \_\_\_\_\_

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Signed By \_\_\_\_\_

Date \_\_\_\_\_

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Date of Investigation \_\_\_\_\_

Investigative Facts \_\_\_\_\_

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Violation: Yes \_\_\_ No \_\_\_ Chapter \_\_\_\_\_ Section \_\_\_\_\_

Zoning Regulation \_\_\_\_\_

Referred to Department \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

Log Action \_\_\_\_\_

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