

**TOWN OF BRASHER
COMPLAINT FORM**

COMPLAINANT MUST SIGN AND DATE THIS FORM TO BE PROCESSED

COMPLAINANT INFORMATION

Complainant Name: _____ Phone Number: _____ Email: _____

Complainant Address: _____

DESCRIPTION OF COMPLAINT (Please Provide all information that may be pertinent to the investigation.)

Property Owners Name: _____ Phone Number (If known): _____

Property Owners Address (if known): _____

Physical Address of Complaint (if different): _____

Complainant Signature: _____ Date: _____

OFFICE USE ONLY

Received By: _____ Date: _____ Time: _____

Date of Initial Investigation and any follow up: _____

Investigative Findings:

Violation Present: Yes: _____ No: _____ Section of Regulation Cited: _____

Enforcement Action:

PLEASE RETURN TO

Wes Lincoln

Code Enforcement Officer

PO BOX 358 | Brasher Falls, NY 13613

P: (315) 389-4223 Ext 4 | C: (315) 296-8901 | E: codeofficer@townofbrasher.com