

TOWN OF HAVERSTRAW

**COMPLAINT OF VIOLATION**

Form of Complaint:  Phone  Letter (attached)  In Person

Date of Complaint: \_\_\_\_\_

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Complaint Against:**

Property Owner; \_\_\_\_\_

Address: \_\_\_\_\_

Tax Designation of Complaint: Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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**ACTION BY ENFORCEMENT OFFICER:**

Possible Violation of Article \_\_\_\_\_ Section \_\_\_\_\_ Subsection \_\_\_\_\_ of  
the \_\_\_\_\_

Site Inspection completed on \_\_\_\_\_ (AM/PM)

Report of Findings: \_\_\_\_\_

\_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Code Official