Village of Sodus Complaint Form

Date of Issue: _____ Name of Property Owner: _____

Address of Issue: _____Apartment Number: _____

By filling out the following you are swearing that to the best of your ability all statements are true;

Brief detail of complaint:

The Following Information is required for the form to be completed:

Your Name: _____

Your Address: _____

Phone: _____

Date: _____ Signature: _____

Please email this form to: ceoclerk@sodusny.gov

Or mail to: Village of Sodus, 14-16 Mill St. Sodus, NY 14551

If you have any questions, please call the enforcement office at 315-812-0609

Office Use Only:

☐ **Photographic evidence accompanied**

☐ **Complaint received after violation had ended**

☐ **Visually Observed by Code Enforcement Officer**

Please be aware of the following Information. If it is deemed that this Issue warrants a code violation that would affect the ability to habit a space that space may be closed due to the results of the Investigation. If entry cannot be granted an administrative search warrant may be applied for based upon the Information stated above. All information submitted in this document should be done under free will and with the understanding It may be used against all parties in court.