

**CODES DIVISION
COMPLAINT FORM**

Date: _____

Complainant's Name: _____

Address & Phone No.: _____

Address of Violation: _____

Owners Name & Address:

Description of Violation: _____

I swear all of the information provided is accurate to the best of my knowledge.

Signed: _____ Date: _____

Print Name: _____

State of New York, County of Oswego

Sworn to before me this ____ day of _____, 20 ____.

Notary Public: _____

If ALL the information is not completed this office will not address the complaint.

Date Received by CEO: _____

Action Taken by CEO: