Village of Hudson Falls
Office of Code Enforcement
220 Main Street
Hudson Falls, NY 12839

COMPLAINT FORM

Complainant:

Name: _____

Address: _____

_____ Phone: _____

Property Address of Complaint: _____
Property Owner: _____
Address: _____
City: _____ Sate: _____ Zip: _____

Nature of Complaint:

It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true. Affirmed under the penalty of perjury this _____ day of _____, 20____.

_____
Signature of Complainant