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: _____

_____

ACTION BY ENFORCEMENT OFFICER:

Possible Violation of Article _____ **Section** _____ **Subsection** _____ **0f**

the _____

Site Inspection completed on _____ **(AM/PM)**

Report of Findings: _____

_____

_____

Recommended Action: _____

_____

_____

Code Official