VILLAGE OF MIDDLEPORT

COUNTY OF NIAGARA
24 Main Street
Middleport, NY 14105-0186
code.enforce@middleportny.gov

GENERAL COMPLAINT FORM

Date _____ SBL# _____

Complainant(s) _____

Address _____ Phone _____

_____ Zip Code _____

Name of Accused _____

Address _____ Phone _____

_____ Zip Code _____

The facts upon which this complaint is based:

_____

_____

_____

_____

_____

NOTICE: Any False statement(s) made herein are punishable as a class "A" Misdemeanor, pursuant to Section 210.45 of the Penal Law of the State of New York.

Affirmed under the penalty of perjury this: _____ day of _____, _____ .

_____

Signature of Complainant*

***Your signature is required for this complaint to be investigated. Your signature confirms that you will be a witness at a Village of Middleport Court trial if necessary.**

Please return to the Village of Middleport Building Department at above address.

Office Use Only

Date of Inspection _____ Complaint # _____

Findings _____

_____

Section of ordinance or law affected _____

Action Taken/Date _____

Follow-up Results _____