TOWN OF BLOOMING GROVE
BUILDING DEPARTMENT
6 HORTON ROAD/P.O. BOX 358
BLOOMING GROVE, NY 10914
PHONE: (845) 496-5223X:6 FAX: (845) 496-1945

OFFICIAL COMPLAINT FORM

Date: _____

Name of Complainant: _____

Complainant's Address: _____

Complainant's Phone #: _____

Address of Where Complaint is Taking Place:_____

Nature of Complaint:

_____
_____
_____
_____
_____
_____
_____

Official Use Only:

Violation Sent: Yes/No

If yes: Date Violation Mailed: _____

If No Violation Sent, Reason:_____

Action that Needs to be Taken:

_____
_____

Handled By Building Inspector: _____