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ZONING / CODE ENFORCEMENT COMPLAINT FORM

COMPLAINT # _____ DATE _____

| | | | |
|-----------------------|---------------|---------------|-------------|
| METHOD OF REPORT: | DATE REPORTED | TIME REPORTED | RECEIVED BY |
| [] TELEPHONE | _____ | _____ | _____ |
| [] LETTER [ATTACHED] | _____ | _____ | _____ |
| [] IN PERSON | _____ | _____ | SIGN BELOW |

COMPLAINANT'S NAME: _____
 STREET ADDRESS: _____
 CITY-TOWN-VILLAGE: _____ STATE: _____ ZIP CODE: _____
 SIGNATURE IF IN PERSON: _____ PHONE _____

NATURE OF COMPLAINT: _____

OWNER OF PROPERTY: _____ PHONE #: _____
 STREET ADDRESS: _____
 CITY-TOWN-VILLAGE: _____ STATE _____ ZIP CODE _____
 TAX MAP #: _____

TENANT'S NAME: _____ PHONE #: _____
 STREET ADDRESS: _____
 TOWN OF AMSTERDAM, NY _____ TAX MAP #: _____

ZONING / CODE ENFORCEMENT OFFICER'S INSPECTION

DATE OF INSPECTION: ____ / ____ / ____
 COMMENTS: _____

CORRECTION IF ANY: _____

ZONING/CODE ENFORCEMENT OFFICER