

## **COMPLAINT FORM**

**ALL COMPLAINTS MUST BE IN WRITING AND THIS FORM MUST BE FILLED OUT COMPLETELY. ALL NAMES & ADDRESSES ARE MANDATORY TO PROCESS.**

**TOWN OF MARLBOROUGH  
P.O. BOX 305  
21 MILTON TURNPIKE  
MILTON, NY 12547**

FILE NO.\_\_\_\_\_ DATE\_\_\_\_\_

**LOCATION OF COMPLAINT:**

STREET\_\_\_\_\_ SEC\_\_\_\_\_ BLOCK\_\_\_\_\_ LOT\_\_\_\_\_

TOWN\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

NAME OF PROPERTY OWNER\_\_\_\_\_ PHONE\_\_\_\_\_

NATURE OF  
COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF  
COMPLAINANT\_\_\_\_\_ PHONE\_\_\_\_\_

ADDRESS\_\_\_\_\_

COMPLAINANT SIGNATURE \_\_\_\_\_

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**OFFICE USE ONLY**

INSPECTION DATE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTOR SIGNATURE / DATE \_\_\_\_\_