

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 _____

OFFICE USE ONLY

INSPECTION DATE _____

ACTION TAKEN _____

INSPECTOR SIGNATURE / DATE _____