

Village of Stamford

84 Main Street, Stamford, NY 12167 Office: 607-652-6671 Fax: 607-652-3567 www.stamfordny.com

PROPERTY MAINTENANCE/ZONING COMPLAINT FORM

Date Filed:		Comp	laint#
LOCATION OF ALLEGED Address:			
NATURE OF ALLEGED VIO	OLATION: (Be Specific)	
FILED BY: Name:			
Address:			
Phone:	Email:		
May Village personnel walk on	your property to view the	e alleged violation? Y	ES NO
I hereby submit that this docum Complainant's Signature:		<u>•</u>	nd beliefs.
	VILLAGE USE ONLY		
Owner:Complaint Assigned to:	SBL:	Address:	
Complaint Assigned to: Complaint Confirmed / Unconfirmed Action Taken: Verbal Lette Follow-up Action to be conducted on	on Date: Notice of Violation_	_ Complaint Closed on Date: Summary Citation	
Signature of Code Enforcement Office			01/01/23