Village of Hammondsport
P.O. Box 425 / 80 Shethar Street
Hammondsport, NY 14840

Complaint

Date: _____

Complainant Name: _____
Address: _____ Telephone: _____

Property Location: _____
Property Owner, if known: _____
Nature of Complaint: _____
_____
_____
_____
_____
_____

Date(s) Observed: _____
Date to Investigator: _____

For Office Use Only
==========
DPW _____ Police _____ Zoning _____ Other _____
Date Received:_____
Date of Site Inspection: _____

Report of Findings: _____
_____
_____
_____

Name of Investigator: _____

Recommended Action: _____
_____
_____
Date of Response to Complaint: _____