

TOWN OF CANANDAIGUA

FORMAL COMPLAINT

Complainant: _____

Address: _____

Phone: _____

Site Location: _____

Property Owner(s): _____

Nature of Complaint: _____

Have you discussed your concerns with your neighbor? YES NO

Attachments Included: YES NO Number of Pages Attached: _____

Complainant Signature: _____

Date: _____

TO BE COMPLETED BY ENFORCEMENT OFFICER:

Parcel Address: _____ Tax Map Number: _____

Violation of Article _____, Section _____, Subsection _____, of the

_____ **Land Use Regulations** _____ **New York State Fire Prevention and Building Code.**

Site inspection completed on _____ (date) at _____ (time) _____ [AM/PM]

Report of Findings: _____

Recommended Action: _____

Enforcement Officer

Date