

# TOWN OF CANAAN, NEW YORK

PO Box 58, Canaan, NY 12029  
(518) 781-3001 Phone / (518) 781-3144 Fax

## COMPLAINT REPORT

I WISH TO REPORT A COMPLAINT ON \_\_\_\_\_ ( DATE )

REGARDING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tax map #** \_\_\_\_\_

LOCATED AT (Street Address) \_\_\_\_\_

## INSPECTOR'S INITIAL RESPONSE TO COMPLAINT


I ( WOULD / WOULD NOT ) LIKE TO REMAIN ANONYMOUS IN THIS MATTER.

COMPLAINANT'S NAME (Printed) \_\_\_\_\_

COMPLAINANT'S ADDRESS \_\_\_\_\_

COMPLAINANT'S TAX MAP # \_\_\_\_\_

COMPLAINANT'S PHONE #: \_\_\_\_\_

COMPLAINANT'S SIGNATURE \_\_\_\_\_