

TOWN OF AUGUSTA

COMPLAINT OF VIOLATION

Method of Report:

Date Reported:

Received By:

() Telephone

() Letter

() In Person

COMPLAINANT'S

NAME:

Address:

Telephone# :

Date of Complaint:

Nature of Complaint:

Property Owner:

Property Address:

ACTION BY ENFORCEMENT OFFICER:

Site Inspection completed on _____ At _____ {AM} {PM}

Report of Findings: _____

Recommended Action:

Copy of this Report MUST be provided to Town Board