

**CODES DIVISION
COMPLAINT FORM**

Date: _____
Complaint's Name: _____
Address & Phone No: _____
Address of Violation: _____
Owners Name and Address: _____

Description of Violation:

I swear that all the information provided is accurate to the best of my knowledge.

Signed: _____
Dated: _____
Print Name: _____

State of New York, County of Oswego.

Sworn before me this ____ day of _____, 20__

Notary Public _____

If ALL the information is not completed, this office will not address the complaint.

Date received by CEO: _____ Action by CEO: