



**TOWN OF CLARKSON
BUILDING DEPARTMENT
3710 LAKE ROAD, PO BOX 858
CLARKSON, NY 14430
BUILDING@TOWNOFCLARKSON.NY.GOV**

Code Enforcement Complaint Form

Date: _____

Complainant Name _____

Complainant Email _____

Complainant Phone _____

Complainant Location _____

Address of Violation _____

Date Violation Occurred _____

Do you wish that this complaint be anonymous (Please Circle) Yes or No

Details of the complaint _____

Can the violation be seen from the town right of way (please circle) Yes or No

Do you grant the Code Enforcement Officer permission to enter upon your property for viewing the violation? (please circle one) Yes or No

Will you, the complainant, testify in court, should the need arise? (please circle) Yes or No

**If you have photos or other related information that can be used as evidence of this violation, please submit them with this form. The submitted documentation will become part of the complaint file. **

Complainant Signature: _____ Date: _____