

Village of Greene 49 Genesee Street • PO Box 207 Greene, New York 13778 (607) 656-4500 Fax: 656-7747



COMPLAINT OF VIOLATION

PROPERTY LOCATION	
POPERTY OWNER INFORMATION	OCCUPANT (if different than owner)
Name:	Name:
Address:	Address:
Phone:	Phone:
PERSON MAKING COMPLAINT	COMPLAINTANT'S INTEREST IN STRUCTURE
Name:	
Address:	
Phone:	
NATURE OF COMPLAINT (Explanation of alleged violation)	tions) (use additional sheet(s) if necessary)
The above information is true and correct to the best of my know Enforcement and Ordinance Officer to investigate the above nam New York State Uniform Fire Prevention and Building code or Tow	ed property for a possible code violation of provisions of the
(Date of Complaint)	(Complaint's Signature)

(OFFICE USE ONLY)	
Possible Violation of:	
Inspection Completed on:	
Report on findings:	
Actions Taken:	
Notes:	
(Date Received In Code office)	(Code Officer Signature)