

VILLAGE OF GOWANDA

COMPLAINT FORM

Tax Parcel Number: Section:	Block:	Lot:
		Log Number:

COMPLAINT OF VIOLATION

Complainant: _____ Date of Complaint: _____

Address: _____

Phone: _____

Site Location: _____

Property Owner: _____

Nature of Complaint: _____

ACTION BY ENFORCEMENT OFFICER:

Possible Violation of Article _____, Section _____, Subsection _____ of the
_____ (name of the law) _____

Site Inspection Completed on _____ (date) _____ at _____ (time) _____ (AM / PM)

Report of Findings: _____

Action taken: _____

Zoning Enforcement Officer