

Complaint Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## TOWN OF ALMOND

### COMPLAINT OF VIOLATION

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Complaint Site Location: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Complaint Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Nature of Complaint (Please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date