



**Town of Van Buren – Codes Department**  
 7575 Van Buren Road  
 Baldwinsville, NY 13027  
 PH: 315 635-3604 Fax: 315 635-8247

**CODE ENFORCEMENT COMPLAINT FORM**

DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**COMPLAINANT: ( YOUR NAME AND SIGNATURE ARE REQUIRED AND MUST BE COMPLETED)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_

**SIGNATURE AUTHORIZATION TO ENTER YOUR PROPERTY TO INVESTIGATE COMPLAINT:**

SIGNATURE OF COMPLAINANT: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

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

Is this a neighbor? YES  NO

Nature of Complaint Check box(es) below

- Building Condition     Unregistered Vehicle     Weeds/Tall Grass
- Junk     Unsafe Structure     Sign Issues     Zoning     Other

**DETAILED DESCRIPTION OF COMPLAINT:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Can this violation be seen from the road? YES  NO

If not, what is the best location to see the violation? \_\_\_\_\_

**CODE ENFORCEMENT OFFICER REVIEW:**

INSPECTING CODE OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**FIELD INVESTIGATION FINDINGS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATIONS BY INVESTIGATING OFFICER:**

\_\_\_\_\_  
 \_\_\_\_\_

PROPERTY OWNER NOTIFIED                      DATE: \_\_\_\_\_  
 COMPLAINANT INFORMED                         DATE: \_\_\_\_\_  
 DATE VIOLATION CLOSED/MUNICIPITY        DATE: \_\_\_\_\_