



TOWN OF PERTH

1849 County Highway 107, Amsterdam, NY 12010

Phone: (518) 843-6977 Fax: (518) 843-6979 Website: www.perth-town.org

ZONING / CODE ENFORCEMENT COMPLAINT FORM

METHOD OF REPORT: DATE REPORTED TIME REPORTED RECEIVED BY

TELEPHONE _____ _____ _____

Record telephone complaint - inform caller that a written signed complaint must be received for action to start.

LETTER [ATTACHED] _____ _____ _____

IN PERSON _____ _____ SIGN BELOW

COMPLAINANT'S NAME: _____

STREET ADDRESS: _____

TOWN OF PERTH: or Other: _____ STATE: NY ZIP CODE: _____

SIGNATURE REQUIRED for Action to Start: _____ PHONE _____

NATURE OF COMPLAINT: _____

OWNER OF PROPERTY: _____ PHONE #: _____

STREET ADDRESS: _____

CITY-TOWN-VILLAGE: _____ STATE _____ ZIP CODE _____

SBL #: _____

TENANT'S NAME: _____ PHONE #: _____

STREET ADDRESS: _____

TOWN OF PERTH, NY: _____

ZONING / CODE ENFORCEMENT OFFICER'S INSPECTION

COMPLAINT # C- _____ DATE RECEIVED _____

DATE OF INSPECTION: ___/___/___ Add additional pages if necessary.

COMMENTS: _____

CORRECTIVE ACTION, IF ANY: _____

ZONING/CODE ENFORCEMENT OFFICER