

TOWN OF STANFORD
BUILDING DEPARTMENT
26 Town Hall Road
P.O. Box 436
Stanfordville, NY 12581

Log Number: _____

Tax Grid Number: _____

COMPLAINT OF VIOLATION
ZONING LAW

TO BE FILLED OUT BY COMPLAINANT:

1. I wish to complain about: _____

(Insert name if known, and address or location of site)

2. I believe a violation has occurred, or is about to occur, for the following reasons:

Signature: _____ Date: _____
Town of Stanford Telephone Number: _____

TO BE COMPLETED BY CODE ENFORCEMENT OFFICER

1. According to the information filed above, the following provisions of the Town of Stanford Zoning Law may be involved: _____

2. Property has been inspected by the Code Enforcement Officer on _____
and the following findings were made: _____

