

**COMPLAINT FORM
VILLAGE OF SKANEATELES CODE OFFICE**

NAME: _____

DATE: _____

ADDRESS: _____

RECEIVED BY: _____

CONTACT PHONE #: _____

COMPLAINT INFORMATION

SIGNATURE (REQUIRED): _____

CODE ENFORCEMENT SIGNATURE: _____

DATE: _____

CODE ENFORCEMENT ACTION

COMPLAINANT ADVISED DATE: _____

PHONE # 685-2118