

COMPLAINT NOTICE
315-687-5143
ZONE ENFORCEMENT OFFICE
VILLAGE OF CHITTENANGO
COMPLAINANT

Date: _____ Name: _____

Time: _____ Address: _____

Received By: _____ Telephone: _____

COMPLAINANT SIGN:

COMPLAINT DESCRIPTION

DISPOSITION OF COMPLAINT

ZONE ENFORCEMENT OFFICER

Date: _____ Time: _____

FOLLOW -- UP ACTION NECESSARY:

COMPLAINT ADVISED OF DISPOSITION ON _____
DATE