

CODE ENFORCEMENT MEMORANDUM
Information Shall Be Supplied By Citizen Making Complaint

NAME OF COMPLAINANT _____

STREET _____

CITY/STATE/ZIP _____

TELEPHONE HOME: _____ WORK: _____

PROBLEM _____

FOR WHAT REASON IS THIS COMPLAINT BEING MADE?

HEALTH _____ SAFETY _____ WELFARE _____

The following information can be obtained from the Schodack Town Hall when filing the complaint:

SECTION OF CODE VIOLATION _____

TAX MAP NUMBER _____

NAME OF OWNER OF PROPERTY _____

ADDRESS OF OWNER _____

NAME & ADDRESS OF TENANT
ON PROPERTY (if applicable) _____

Attention: I understand that this complaint may result in a court action\ being taken against the owner of the property and/or tenant of the property. At this time I understand and agree that I will appear at all court appearances which should arise from this complaint.

Date: _____ Signature of Complainant:

Witnessed By: _____