

Citizens Zoning Complaint Form



Town Supervisor
David B. Harris

Town of Schodack
Building Department
Town Hall 3rd Floor, 265 Schuurman Rd.
Castleton, NY 12033
♦
Phone (518) 477-7940
Fax (518) 477-7983
www.schodack.org

Complainant: _____ E-Mail _____

Address: _____
Number Street City State Zip

Phone (Home): _____ (Cell) _____

Address of Violation: _____

Property Owner: _____

Nature of Violation: _____

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

Complainant Signature

Official Use Only

Action by Code Enforcement Officer:

Site Inspection completed on _____ 20____ at (time) _____ AM / PM

Possible violation of Article _____, Section _____, Subsection _____ of the
_____ (name of the law) _____

Report of Findings: _____

Action Taken: ☐ No Action ☐ Conversation with Owner ☐ Letter to Owner ☐ Order to Remedy

Code Enforcement Officer