

CITY OF CANANDAIGUA
OFFICE OF CODE ENFORCEMENT

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FORMAL COMPLAINT

COMPLAINANT: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

SITE LOCATION: _____

PROPERTY OWNER(S): _____

NATURE OF COMPLAINT: _____

(Include attachments if pertinent)

HAVE YOU DISCUSSED YOUR CONCERNS WITH NEIGHBOR/LANDLORD: YES / NO

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ENFORCEMENT OFFICER

PARCEL ADDRESS: _____ PARCEL ID: _____

VIOLATION OF ARTICLE: _____

SITE INSPECTION COMPLETED ON: _____

REPORT OF FINDINGS: _____

RECOMMENDED ACTION: _____

ENFORCEMENT OFFICER: _____ DATE: _____