

VILLAGE OF SUFFERN
BUILDING AND ZONING DEPARTMENT
61 Washington Avenue
Suffern, NY 10901
(845) 357-2603

Tax Parcel Number: Section: Block & Lot:

COMPLAINT OF VIOLATION

Form of Complaint: 9 Phone 9 Letter (attach)

Complainant: _____

Address: _____

Phone: _____

Site Location: _____

Property
Owner: _____

Nature of
Complaint: _____

ACTION BY ENFORCEMENT OFFICER:

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

Inspection completed on _____ (date) _____ at _____ time _____ [AM/PM]

Report of
Findings: _____

Recommended
Action: _____