TOWN OF BRANT
1272 BRANT - NC RD
PO BOX 228
BRANT, NEW YORK 14027
(716) 780-7042

RECEIVED BY:_____
DATE:_____
COPIES TO:_____

CODE ENFORCEMENT COMPLAINT FORM

Please complete this form and return it to the Code Enforcement Office at the above address. Provide as many relevant details as possible including specific address. A SIGNED COMPLAINT IS NECESSARY BEFORE THE CODE ENFORCEMENT OFFICE CAN INVESTIGATE, UNLESS A LIFE-THREATENING ISSUE EXISTS, OR IF IT IS OTHERWISE DEEMED APPROPRIATE TO ACT.

COMPLAINT LOCATION INFORMATION:_____

ADDRESS OF PROPERTY COMPLAINT:

If you do not know the specific address, be as descriptive as possible about its location.

HOUSE NUMBER:_____ STREET:_____

NAME OF RESIDENT OR OWNER:_____ PHONE NUMBER:_____

COMPLAINT SUMMARY:_____

☐Garbage / Debris
☐Junk Vehicles
☐Tall Vegetation
☐Other
_____
_____
_____

☐Zoning Violation
Examples Include:
☐Too many / prohibited animals
☐Illegal Business
☐Continuous Yard Sale
☐Signs
☐Building Setback
☐Other_____

☐Substandard Building
Examples Include:
☐Broken Windows
☐Fire Damage
☐Leaning Walls
☐Sagging or Holes in Roof
☐Missing Doors
☐Other_____

Please use next page for details, explanations, or additional complaints.

COMPLAINANT INFORMATION:_____

PRINT YOUR NAME:_____ PHONE:_____

YOUR ADDRESS:_____ ZIP CODE:_____

CONFIDENTIALITY PREFERENCE: Disclosure of information revealing your identity depends on application of NYS public disclosure laws, and other applicable statutes, and whether the complaint is criminally prosecuted. Please initial the space that indicates whether you desire information revealing your identity be disclosed. Failure to initial will result in information being subject to disclosure. By checking **DO NOT DISCLOSE** I am indicating that the disclosure of my name may endanger my life, physical safety or property.

_____Do Not Disclose
Initial

_____You May Disclose
Initial

SIGNATURE:_____ DATE:_____

ADDITIONAL COMPLAINANT INFORMATION:_____

The violation must be visible from the public right-of-way, or you must indicate that we may contact you for permission to view the site from your property.

I give the Town of Brant Code Enforcement Office permission to view the subject site from my property:

☐ YES ☐ NO

I request that an acknowledgement be sent to me confirming your receipt of my complaint:

☐ YES ☐ NO

COMPLAINT SUMMARY / ADDITIONAL INFORMATION: _____

_____

_____

_____

_____

_____

_____

_____

FOR OFFICE USE ONLY:

COMPLAINT INVESTIGATION DATE:_____ BY:_____

CODE ENFORCEMENT DETERMINATION:_____

_____

_____

COMPLAINT REFERRED TO:_____ DATE:_____

COMPLAINT REMEDIED BY THE FOLLOWING ACTIONS: _____

_____

FOLLOW-UP INVESTIGATION DATE:_____ BY:_____

CODE ENFORCEMENT OFFICER SIGNATURE:_____DATE:_____

☐ ISSUE CORRECTED / COMPLAINT CLOSURE DATE:_____