



TOWN OF MOUNT HOPE
1706 Route 211 West
Otisville New York 10963

Paul Rickard
SUPERVISOR
845-386-2211

COMPLAINT FORM

TO COMPLAINANT: Upon completion of the form it will become a Legal Document. Since enactment of the Freedom of Information Act, this form will become public record and anyone can obtain a copy upon completion of the Freedom of Information Form.

TO BE FILLED OUT BY COMPLAINANT (PLEASE PRINT)

Date: _____

Name of Complainant: _____

Address of Complainant: _____

_____ Phone #: _____

Location of Complaint: _____

Section: _____ Block: _____ Lot: _____

Description of Complaint: _____

TOWN USE ONLY

Dept. Referred to: _____

Results of Inspection: _____

Is there a Violation: _____

Action Taken: _____

Employee's Signature: _____ Date _____

A copy of this form must be submitted to the Town Supervisor and Town Clerk.