



Town of Athens
2 First Street
Athens, New York 12015
518-945-1052 Ext 4
Building & Code Department

COMPLAINT FORM

DATE: _____

COMPLAINT MADE BY: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

ADDRESS OF COMPLAINT: _____

PLEASE STATE YOUR COMPLAINT AND WHAT PART OF ATHENS CODE IT PERTAINS TO. USE SEPEARTE SHEET IF YOU NEED MORE ROOM AND FOR PICTURES AND DOCUMENTS.

COMPLAINANT SIGNATURE: _____

OFFICE USE BY BUILDING & CODE DEPARTMENT

COMPLAINT #: _____

DATE RECEIVED: _____ RECEIVED BY: _____

FOLLOWUP ACTION:

CODE ENFORCEMENT OFFICER: _____