

# Village of Cornwall On Hudson

325 Hudson Street  
Cornwall on Hudson, NY 12520  
845-534-4200 ext.319

## CODE ENFORCEMENT OFFICE VIOLATION COMPLAINT FORM

Note: If a violation exists you will be sent a copy of that violation, this may take several weeks depending on workload, vacation time, etc.

Failure to complete this form will result in **NO ACTION**. Telephone complaints and any anonymous complaints will not be accepted.

Your Name \_\_\_\_\_  
Your Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ work or cell# \_\_\_\_\_  
Sec.-Blk.-Lot # \_\_\_\_\_

### *Complaint Against*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Sec.-Blk.-Lot # \_\_\_\_\_

### Explain Alleged Violations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection results: _____
_____
_____
_____
_____
_____
_____
_____
Inspectors Name: _____ Date: _____