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Code Enforcement & Zoning  
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TOWN OF CHARLOTTE  
30 Main Street PO Box 482, Sinclairville, NY 14782

## BUILDING CODE COMPLAINT FORM

DATE: \_\_\_\_\_

### **NAME AND ADDRESS OF COMPLAINANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Please describe in detail the nature of the complaint:

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Address of Complaint

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Complainant Signature: \_\_\_\_\_