

TOWN OF OTTO COMPLAINT FORM

INSTRUCTIONS

Complete form and sign.

Mail to:

Otto Town Clerk
8842 Otto - E.Otto Road
Cattaraugus, NY 14719

OFFICE USE

Received by: _____

Date: _____

COMPLAINANT'S FULL NAME : (Print)

ADDRESS (Mailing)

()

Telephone number

CITY, STATE, ZIP

COMPLAINT

(Clearly indicate the details involved in the complaint and use the reverse side of the form if more space is needed)

SIGNATURE OF COMPLAINANT _____