

Steven T. Noble
Mayor

Stephan Knox
Director

**BUILDING SAFETY AND
ZONING ENFORCEMENT**

5 Garraghan Drive
Kingston, NY 12401
Phone (845) 331-1217
Fax (845) 331-1224



COMPLAINT FORM

All complaints are to be written and signed on this form. Information within complainants box is confidential and NOT public information.

REF: _____

Date: _____ **Time Reported:** _____ **By:** _____

BLACKEN THIS BOX WHEN PROVIDING A PHOTOCOPY FOR OUTSIDE OFFICE USE!	
Individual filing complaint:	Complainant's Signature: _____
Name: _____	Phone: _____
Address: _____	City/State/Zip: _____

Nature of complaint: _____

Property Owner (possible violation)	PROPERTY S/B/L: _____ - _____ - _____
Name: _____	Business Name: _____
Address: _____	Address: _____
City/State/Zip: _____ Ph: _____	City/State/Zip: _____ Ph: _____
Tenant Name: _____	Phone: _____

Inspector assigned: _____ Date assigned: _____
Date of Inspection: _____ Classification of occupancy of building: _____
Building/Property was VACANT or OCCUPIED at time of inspection.

Contacted other agency: _____

CONDITIONS FOUND: _____

RECOMMENDATIONS: _____

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Follow up date: _____

Signature of Inspector: _____