



# The City of Kingston, NY

BUILDING SAFETY & ZONING ENFORCEMENT  
5 GARRAGHAN DRIVE, KINGSTON, NY 12401  
(845) 331-1217 buildings@kingston-ny.gov

## Property Violation Complaint Form

ADDRESS OF COMPLAINT:

Date:

NAME OF PROPERTY OWNER:

Phone:

NATURE OF COMPLAINT:

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(Include attachments if pertinent)

COMPLAINANT NAME:

Phone:

Email:

COMPLAINANT ADDRESS:

Please keep my Complaint anonymous (Complainant Information still required)!

HAVE YOU DISCUSSED YOUR CONCERNS WITH THE LANDLORD/OTHER PARTY?  YES  NO

Action taken by landlord/other party: \_\_\_\_\_

SIGNATURE:

DATE:

**BELOW THIS LINE TO BE COMPLETED BY CODE ENFORCEMENT DEPARTMENT STAFF:**

PARCEL ID:

COMPLAINT NUMBER:

DATE SITE INSPECTED:

REPORT OF FINDINGS ENTERED:  YES  NO

RECOMMENDED ACTION ENTERED:  YES  NO

VIOLATION NOTICE ORDER TO REMEDY ISSUED?  YES  NO DATE:

INSPECTOR/CEO:

DATE:

Date Closed - \_\_\_\_\_

CEO/BI- \_\_\_\_\_