



Town of Horseheads



Code Enforcement

150 Wygant Road, Horseheads, NY 14845

Phone: (607) 739-7605 Fax: (607) 739-0469

Citizen Complaint Form

Date: _____ Complainant's Name: _____

Complainant's Phone: _____ Best Time To Contact: _____ AM or PM

Complainant's Address: _____

Type of Complaint: _____

Date of Violation: _____ Time of Violation: _____

Address or Location of Violation: _____

Nature of and brief description of the complaint: _____

I hereby grant Code Enforcement Officials permission to access my property if necessary to personally observe the alleged violation(s). Circle One: YES NO Complainant's Initials: _____

Your signed complaint will be investigated by Code Enforcement Officials at their earliest possible convenience. Please note that, should the matter be taken to Court, you may be required to submit a Supporting Deposition and/or you may be subpoenaed to testify at trial.

Also, please understand that the correction / remediation of Code violations is a legally mandated and controlled process. Results may not be immediately observable.

Complainant's Signature and Date: _____

Received By and Date: _____

Inspected By and Date: _____ Cite Issued? _____