

TOWN OF PENDLETON
6570 CAMPBELL BOULEVARD
LOCKPORT, NEW YORK 14094
BUILDING DEPARTMENT
625-8833 ext. 14 and 15

COMPLAINT FORM

This form must be completed and submitted to this department in compliance with Town of Pendleton Codes Article 247-81.

Address of complaint: _____

Nature of Complaint: _____

NOTICE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of New York State.

Complainant _____

(print):

*Sworn to before this _____

Street: _____

day of _____ 201_

City, State _____

(Signature)

Date: _____

(Signature of Complainant)

(Title)

Phone No. _____

