



COMPLAINT FORM

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

Address of Complaint: _____

Nature of Complaint: (please provide as much detail as possible) _____

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.

*Sworn to before this _____
day of _____ 20 _____

(Signature)

(Title)

* Complainant: _____
(print)

* Street: _____

* City, State: _____

* Date of Birth: _____

* Date: _____

(Signature of Complainant)

* Phone: _____

* Email: _____

* Required fields