



TOWN OF UNION VALE

Building Department

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Lagrangeville, NY 12540

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COMPLAINT & INSPECTION REPORT

DATE: _____

ADDRESS OF COMPLAINT: _____

OWNER OF PARCEL: _____

TAX PARCEL #: _____

INITIATED BY:

☐ OFFICAL ☐ CITIZEN ☐ DRIVE-BY INSPECTION

PLEASE NOTE ALL COMPLANITANTS WILL BE HELD ANONYMOUS UNLESS COURT PROCEEDINGS ARE INITIATED BY THIS OFFICE FOR SUBSTANTITATED VIOLATIONS

Name of Complainant (Print): _____

Address: _____

Telephone contact # _____ e-mail _____

NATURE OF COMPLAINT (PRINT):

Please attach any additional information you may wish to include