CITY OF LITTLE FALLS, N.Y.
Office of
CODES ENFORCER
659 East Main Street
Little Falls, New York 13365

COMPLAINT REPORT

Form of Complaint: ____Phone_____ Letter (attach) Complaint #:_____

Complainant:_____

Address: _____

Phone #: _____

Site Location: _____

Property Owner: _____

Nature of Complaint: _____

ACTION BY ENFORCEMENT OFFICER

Possible Violation of Article_____, Section _____ , Subsection_____, of the

Site Inspection Completed on_____at_____ AM_____PM

Report of Findings: _____

_____

_____

_____

Recommended Action: _____

_____

_____

_____

Code Enforcement Officer: _____ Date: _____