

TOWN OF SALINA
Department of Planning & Development
201 School Road
Liverpool, New York 13088
codes@salina.ny.us

George Keeler
Director

(315) 451-0492
FAX (315) 457-4785

Code Enforcement Complaint Form

Instructions: In order for your complainant to be accepted, you must fill in all questions completely. It is important that you supply as much detail as possible, leaving no area blank. If you have any questions, please call the code enforcement office at (315) 451-0492.

Date: _____

Address of Violation (be specific) _____

Nearest cross street: _____

Residents Name (if known): _____

Owner of Property: _____

Address of Property Owner: _____

Violation Type:

- | | | | |
|-------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Use | <input type="checkbox"/> Building Condition | <input type="checkbox"/> Setback | <input type="checkbox"/> Property Maintenance |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Junk or Trash | <input type="checkbox"/> Weeds | <input type="checkbox"/> Abandoned Auto |

Other (Specify): _____

Describe Violation: _____

What impact does this have on you or your neighborhood? _____

-Continue

Are there ANY known or suspected hazards at this location? (IE: dangerous animals, unstable residents, criminal activity, etc.)

Yes No Unknown

If yes, please identify the hazard in detail: _____

Can the violation be seen from the road? Yes No

If not, what is the best location to see the violation? _____

Is the complainant a neighbor? Yes No

The complainant gives the Code Enforcement Officer permission to use their property for viewing the violation: Yes No If not. Why? _____

Will you, the complainant testify in court should the need arise? Yes No
(Note: your complaint may not be able to be acted upon without you being able to testify.)

If you have photographs, or other related information that can be used as evidence of this violation, please submit them with this complaint. The submitted documentation will not be returned and will become part of the complaint file.

COMPLAINANT: (Your name and Signature is required and must be completed.)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____

Signature X _____

Thank you for your interest in making the Town of Salina a better place to live.