

# Town of Eaton

Lawrence P. Cesario  
Codes Enforcement Officer  
P.O. Box 66  
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Phone: (315) 684-9179  
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## CODES DEPARTMENT COMPLAINT FORM

Date \_\_\_ / \_\_\_ / \_\_\_

Location of Complaint: \_\_\_\_\_

Complaint Addressed to (name): \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Signature (required) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_; cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

### Codes Officer Use Only

Investigation Date: \_\_\_ / \_\_\_ / \_\_\_ C.E.O. \_\_\_\_\_

Building Occupied: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_

Action needed: \_\_\_\_\_

Follow-up letter sent: \_\_\_ / \_\_\_ / \_\_\_

Assigned Case Number \_\_\_\_\_