



Town of Eaton

Lawrence P. Cesario, Codes Enforcement Officer
David M. Smith, Building Safety Inspector
35 Cedar Street, PO Box 66
Morrisville, NY 13408

Phone: (315) 684-9179
Fax: (315) 684-9299

CODES DEPARTMENT COMPLAINT FORM

Date: ____/____/____

Location of Complaint: _____

Complaint Addressed to (name): _____

Nature of Complaint: _____

Complainants Signature (required): _____

Phone Number: (____) ____-____ ; Cell Number (____) ____-____

Mailing Address: _____

Codes Officer Use Only

Investigation Date: ____/____/____ CEO/BSI: _____

Building Occupied: _____ By: _____

Action Needed: _____

Follow Up Letter Sent: ____/____/____

Assigned Case Number: _____

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