

## TOWN OF STARKEY, NEW YORK

40 Seneca Street  
Dundee, New York 14837  
Phone: (607) 243-7996  
Fax: (607) 243-7764  
Email: [Code@StarkeyNY.gov](mailto:Code@StarkeyNY.gov)  
Website: [www.StarkeyNY.gov](http://www.StarkeyNY.gov)



### OFFICE USE ONLY

Department of Complaint.: \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Received by: \_\_\_\_\_  
Result/Action: \_\_\_\_\_  
Date Filed \_\_\_\_\_

## COMPLAINT FORM

### Person Filing Complaint:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Complaint Against

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Nature of Complaint:

Please describe the nature of the complaint, Include location, date(s), time(s), and if applicable zoning/building code section and photograph(s).

\*If additional space is needed, attached sheet(s)

### Affirmation by Applicant:

I declare that the contents of this application are true to the best of my knowledge. I grant permission for the Town of Starkey or it designees to review and investigate this complaint

Signature: \_\_\_\_\_ Date: \_\_\_\_\_