

Town of Alexander

3350 Church Street PO Box 248
Alexander, NY 14005
(585)591-2455

Date ___ / ___ / ___

ZONING VIOLATION COMPLAINT

Complainant _____ Phone _____

Address _____

Address of alleged violation _____

Nature of Complaint: Please be as specific as possible.

Signature _____

Zoning Ordinance Section Pertaining To Complaint _____
Action Taken _____

Received By _____

Date ___ / ___ / ___