TOWN OF CAMBRIA

COUNTY OF NIAGARA

Office of Building, Plumbing, and Zoning

4160 Upper Mountain Road Sanborn, NY 14132

Phone: (716) 433-7664 ext.133

www.townofcambria.gov

COMPLAINT FORM

This form must be completed and in compliance with the Town of Cambria Codes

Address of Complaint:

_____

Nature of the Complaint: (Provide as much detail as possible) _____

_____

_____

_____

_____

_____

_____

_____

_____

NOTICE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

(PLEASE PRINT AND FILL OUT COMPLETELY. WE ARE NO LONGER ACCEPTING ANONYMOUS COMPLAINTS.)

Complainant: _____

Street: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature of Complainant: _____

Sworn to before this_____day of_____20_____

Signature/Title_____

Office Use Only