

VILLAGE OF FREEVILLE

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Casey Drader
Code Official
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Complaint Form

Complainant Information:

Name _____

Address _____

Phone _____

Email _____

Complaint:

Address of occurrence/violation: _____

Date(s)/frequency of occurrence: _____

Description of Violation (be as specific as possible): _____

Signed _____

Date _____

Code Enforcement Use Only:

Date Received: _____

Date of Initial Inspection: _____

Violation Evident: Yes No

Local Law Violated: _____

Date of Response to Complainant: _____

We are an Equal Opportunity Employer. Federal Law prohibits discrimination.
Complaints may be filed with the U.S. Equal Employment Opportunity Commission,
Washington, D.C. 20503.