Town of Seneca Falls, New York
Office of Code Enforcement & Zoning

Codes Complaint Form

Dean Zettlemoyer
Phone: 315-568-8013
Fax: 315-568-4672
130 Ovid Street
Seneca Falls, New York 13148
sfzoning@senecafalls.com

Please use this form to report possible Zoning Violations you observe. Mail or return this signed form to the Zoning Officer at the above address. Zoning Complaints are investigated upon receipt of a signed and complete complaint alleging a violation of the Zoning Ordinance.

Please note: In the absence of a signed complaint or a completely filled out complaint form, a concern will be acted upon at the discretion of the Zoning Officer, and only as time allows. No follow-up information can be provided in the absence of a signed complaint form.

Date: __________________________ Date Received: __________________________

Name of Person Registering Complaint: ________________________________________

Address: ____________________________________________________________________

Telephone Number: (___)___-_____

Signature of Complainant: ______________________________________________________

Name of Person who Complaint is being made on: ________________________________

Location / Address of Complaint: ______________________________________________

Nature of Complaint: __________________________________________________________
                                                                  ______________________
                                                                  ______________________
                                                                  ______________________
                                                                  ______________________
                                                                  ______________________

To be completed by the Zoning Officer:

Date of Inspection __________________

Complainant Notified Date: __________________

Signature of Zoning Officer: __________________________