



TOWN OF SHAWANGUNK

Building Department

Complaint and Information

Complaint details: _____

Property location: _____

Property owner (if known): _____

Complainant: _____

Complainants signature: _____

Date of complaint: _____

Please provide all information. A signature and name must accompany a complaint.

Tax Parcel ID: Section _____ Block: _____ Lot: _____

Code Enforcement Official: _____ Complaint verified _____ Date _____