



VILLAGE OF FONDA
8 E. MAIN ST.
FONDA, NY 12068
(518)853-4335 Fax (518)853-4555

GENERAL COMPLAINT FORM

Upon signing this form, I agree that should legal proceedings be required I will APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH of this complaint. All personal information will remain confidential

Complainant Name _____ **Date** _____

Address _____

Phone # _____

Specific Details of Nuisance

Property Location of Complaint _____

Date(s) _____

Time(s) _____

Location _____

Supporting Evidence: Photos ____ Written statements of neighbors ____ Other ____

Any additional useful information (attach additional sheets if necessary) _____

Certification

I certify that the information provided on this form is true, that I personally witnessed this alleged violation, and that I may be called to testify about these facts and agree to do so.

Signature

Date

FOR OFFICE USE ONLY

Date/Time Rec'd _____ Rec'd by _____

Follow-up

Form forwarded to: _____ When/How _____

Date Repair _____ Action taken: _____

Corrective Action to Protect Public _____