



# CITY OF BEACON

## BUILDING DEPARTMENT

1 Municipal Plaza, Beacon, NY, 12508

Ph: (845) 838-5020 | Fax: (845) 838-5026

Email: [building@beaconny.gov](mailto:building@beaconny.gov)

### COMPLAINT FORM

DATE: \_\_\_\_\_

**COMPLAINANT**

NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHONE / CONTACT : \_\_\_\_\_

**VIOLATION LOCATION**

PROPERTY OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ZONE : \_\_\_\_\_ TAX GRID #: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

TENANT NAME \_\_\_\_\_

NATURE OF COMPLAINT : *(Please provide as much information as possible. Any supporting photos or other evidence, please email to [Building@beaconny.gov](mailto:Building@beaconny.gov))* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Building Dept. Use:**

INITIATED BY :

REFERRAL from OFFICIAL

CITIZEN Complaint

UNRELATED INSPECTION

ROUTINE PATROL

**INSPECT & PROVIDE THE FOLLOWING :**

INSP. DATE : \_\_\_\_\_ REINSP DATE: \_\_\_\_\_

INSPECTION OF ALLEGED VIOLATION :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHOTOS TAKEN # \_\_\_\_\_

VIOLATION NOTICE POSTED

PERSONAL CONTACT

CONTACT NAME : \_\_\_\_\_ NYS DL OR ID # \_\_\_\_\_

ADDRESS : \_\_\_\_\_

\_\_\_\_\_

The foregoing allegations are based upon personal knowledge and/or information and belief.

\_\_\_\_\_  
[ ] Code Enforcement Officer

\_\_\_\_\_  
Date