

# TOWN OF SMITHFIELD

## CODES DEPARTMENT COMPLAINT FORM

5255 Pleasant Valley Rd., Peterboro, NY 13035  
Phone: 315-684-9293 / Fax: 315-684-1034

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Complaint: \_\_\_\_\_

Complaint Addressed to (Name): \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Complainant's Signature (required): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_; Cell # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing  
Address: \_\_\_\_\_

### Code Officer Use Only

Investigation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ C.E.O. \_\_\_\_\_

Building  
Occupied: \_\_\_\_\_ By: \_\_\_\_\_

Action Needed: \_\_\_\_\_

Follow-up Letter Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assigned Case Number : \_\_\_\_\_

\_\_\_\_\_  
Lawrence P. Cesario  
Codes Enforcement Officer