

# Town of Smithfield

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## **CODES DEPARTMENT COMPLAINT FORM**

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

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

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

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

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

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

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

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

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

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### **Codes Officer Use Only**

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

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

\_\_\_\_\_

Action needed: \_\_\_\_\_

Follow-up letter sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

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