



TOWN OF EAST HAMPTON

ORDINANCE ENFORCEMENT DEPARTMENT

PUBLIC SAFETY DIVISION

300 Pantigo Place, Suite 111A

East Hampton, N.Y. 11937

Phone (631) 324-3858 Fax (631) 329-5899

Patrick J. Gunn, Esq.
Public Safety Division Administrator

Elizabeth A. Bambrick
Director of Code Enforcement

AMERICANS WITH DISABILITIES ACT - ISSUE REFERRAL FORM

Please fax, mail, or hand deliver this form to the above address

LOCATION OF ALLEGED VIOLATION

Street # _____ Street Name _____

Hamlet _____, Town of East Hampton, Suffolk County, N.Y.

Name of Individual(s) / Business (if known) _____

Name of Owner (if known) _____

DESCRIPTION OF COMPLAINT – SPECIFIC OBSERVATION(S)

Use additional paper if necessary

BEST TIME(S) AND DAY(S) TO OBSERVE VIOLATION : _____

REPORTING PARTY

Name: _____ Phone Number _____

Address: _____

I am willing to give a sworn statement if necessary YES NO

AFFIRMATION

I affirm that the information provided in this complaint is accurate and is based on my personal observation(s).

X _____
Signature Print Name Date

Office Use Only

Date Received _____

Complaint # _____

Inspector Assigned _____

Ack. Form Sent _____

Action Taken Form Sent _____