



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

David Betts, PCI. CPP.
Public Safety Division Administrator

Donald Kauth
Director of Code Enforcement

Complaint Form

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

LOCATION OF ALLEGED VIOLATION

Number _____ Street _____

Hamlet _____, Town of East Hampton, Suffolk County, New York

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 _____

Address: _____ Email: _____

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 _____
Sign Print Name Date

Office Use Only

Date Received _____

Complaint # _____

Inspector Assigned _____

Ack. Form Sent _____

Action Taken Form Sent _____