

TOWN OF NEWSTEAD
5 Clarence Center Road
Akron, NY 14001

COMPLAINT FORM

Date Submitted: _____

Time Submitted: _____

Submitted to: _____

Nature of Problem: _____

Name of Complainant

X _____
Signature of Complainant

Complainant Address

Notary Public signature

Complainant Phone Number

notary stamp

If property or activity being complained about operates under a permitting agency, complaint shall be forwarded to appropriate agency:

- NYS DEC
- NYS DOT
- Erie County Health
- Erie County Water
- Erie County Highway
- Town of Newstead Highway
- Other _____

Action taken: _____

Problem resolved satisfactorily..... _____
Code Enforcement Officer

Date