Town of LeRay COMPLAINT OF VIOLATION

	Office	Use Only				
□ Postmarked □ Hand De	livered 🗆 Letter (Attached)	Date Received:		Complaint #:		
Complainant:						
Mailing Address:	(City:	State:	Zip:		
Violation Information						
Property Owner:						
Email:						
Property Address:						
State:	Zip:	Tax Parcel #	:			
Nature of Complaint:						
-						
-						
	_	<u> </u>				
		Complainant Signatu	ıre			

Possible violation of Article	section	subsection	of the
Site inspection completed on		at	🗆 AM 🗆 PM
Report of Findings:			
Action Taken:			