

**TOWN OF NEW BALTIMORE
COMPLAINT FORM**

Case # _____
Year-Complaint Number

Name of Complainant: _____

Address of Complainant: _____

Location of Complainant: _____

Property Owner of Complaint Location: _____

Description of Complaint (Be Specific): _____

Signature of Complainant: _____

Office Use Only		
Complaint Received By: _____	Date: _____	Via: _____
Complaint Forwarded To: _____	Date: _____	Via: _____
Investigation		
Finding: _____		

Remedy Required: _____		

