



TOWN OF NEW BALTIMORE

County of Greene
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COMPLAINT FORM (Please Complete this form in its Entirety)

Case # _____

Name _____

Address _____ Parcel # _____

Phone Number _____ Email Address _____

Location of Complaint _____ Parcel # _____

Property Owner of Complaint _____

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: _____