

***Village of New Paltz Building Department
Ph 845-255-3055 Fax 845-255-5103***

Complaint Form

Date Received _____ *Time* _____

Called _____ *Office* _____ *Letter* _____ *Email* _____

Owners Name and Address _____

Nature of Complaint _____

Conditions Found _____

Action Taken _____

Optional Information – Complaint can be anonymous

Complainant Name _____

Address _____

Phone _____