

OFFICE USE ONLY

Complaint # _____

SCTM# _____ - _____ - _____

DATE RETURNED _____

TOWN OF RIVERHEAD

Office of the Town Attorney/Investigation Unit

COMPLAINT FORM

(Please print or type all entries)

This form is being presented to you in response to your request for assistance from the Office of the Town Attorney/Investigation Unit concerning violations of the Riverhead Town Code. Provide any documentation or photos you may wish to have reviewed.

ALL INFORMATION, INCLUDING SIGNATURE MUST BE PROVIDED

FUTURE INQUIRES MUST BE DONE IN WRITING INCLUDING THE COMPLAINT NUMBER _____ .
FORWARD INQUIRES TO - **OFFICE OF THE TOWN ATTORNEY/INVESTIGATION UNIT, 200 HOWELL AVE.,
RIVERHEAD, NY 11901.** DUE TO CONFIDENTIALITY TELEPHONE INQUIRES WILL NOT BE PROVIDED.

THIS FORM MUST BE COMPLETED AND RECEIVED BY OUR OFFICE WITHIN 30 DAYS OF _____ .
THE ORIGINAL WHITE COPY MUST BE RETURNED. NO PHOTOCOPY OR FAX COPIES WILL BE ACCEPTED.

VIOLATION
ADDRESS Street Number _____ Street Name _____

Hamlet _____ Town of Riverhead, New York, Zip Code _____

Closest Cross Street _____

VIOLATOR NAME (if known) _____

BRIEF DESCRIPTION OF COMPLAINT _____

HAVE ANY PREVIOUS COMPLAINT MADE? UNKNOWN NO YES - DATE MADE _____

IS THE LOCATION OF THE COMPLAINT OCCUPIED BY THE OWNER? UNKNOWN YES NO

OWNER NAME (if known) _____ ADDRESS _____

I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL

YOUR SIGNATURE / PRINT NAME DATE

PLEASE RETURN ORIGINAL WHITE COPY IN THE PROVIDED ENVELOPE AND RETAIN YELLOW COPY FOR YOUR RECORDS

Request by

Name _____

Telephone Number(s) _____

Address _____
