

Town of Ticonderoga

Office of Code Enforcement
P.O. Box 471 | 132 Montcalm Street
Ticonderoga, NY 12883
codesclerk@townofticonderoga.org

Dave Burrows
Building Inspector

Office: 518-585-9851 buildinginspector@townofticonderoga.org
Fax: 518-585-7023



Rhiannon Peters
Codes Clerk

TENANT COMPLAINT FORM

1. Please make sure your complaint was addressed to your landlord **BEFORE** you submit.
2. Complete entire form. Any incomplete forms will be returned to you.
3. Attach any **Photocopies** (No originals) of supporting documentation.
4. Each tenant should submit their own complaint form. If additional forms are needed please stop by the office or you can print additional copies from the Town webpage.

Tenant Information

Name: _____

Street Address: _____

City/Town: _____

County: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Landlord Information

Name: _____

Street Address: _____

City/Town: _____

County: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Website: _____

Management Information

Name of Management: _____ (If different from Landlord)

Street Address: _____

City: _____

Phone: _____

Email: _____

Additional Information

Number of Apartments in Building: _____

Date you moved into the Apartment: _____

Date you moved out (If applicable): _____

Your Apartment address is: _____

Building Address is: _____

Monthly Rent: _____

Date you complained to Landlord: _____

Name of Person Contacted: _____

Contact Method:

Phone: _____

Letter: _____

In-Person: _____

Other: _____

Do you receive Public Subsidy? _____ (Ex: Financial aid or Grants)

Are you a legal Tenant? _____

**If the Building has changed Landlords during your Residence,
please list them in order, starting with the FIRST.**

Landlords Name: _____

Landlords Address: _____

Phone: _____

Period of Ownership (Starting From): _____

Period of Ownership (Until): _____

Managers Name: _____

Managers Address: _____

Managers Phone#: _____

Additional Landlords (If applicable)

Landlords Name: _____

Landlords Address: _____

Phone: _____

Period of Ownership (Starting From): _____

Period of Ownership (Until): _____

Managers Name: _____

Managers Address: _____

Managers Phone#: _____

**Have you experienced any of the Following
by your Landlord or Management?**

Been offered money to move out?

Taken you to Court for what you believe to be Baseless charges?

Used Aggressive Tactics to gather info about you?

Describe Complaint in Detail:

Are you working with an Attorney or Organization?

Were you referred?

Please attach any documents that are relevant to this complaint. To protect your privacy, please remove any personal or confidential information from the documents before submitting. (Ex: social security number, account numbers, or any medical information etc.)

Please sign and date below that you understand all the information you provided is true and accurate. Any false statements are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Print Name:

Signature:

Date: