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## ZONING COMPLAINT FORM

- 1) Please complete the entire form. Incomplete forms will be returned.
- 2) Attach **copies** of supporting information (No originals please)
- 3) **If the complaint is an emergency and cannot wait until regular business hours, please call Essex County Emergency Services at 518-585-3456**

## COMPLAINANT INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PROPERTY ASSOCIATED WITH COMPLAINT

Tax map: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the complaint regarding? (Please be as specific as possible. If necessary, use another sheet to continue with this section.)

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When did you become aware of the issue? \_\_\_\_\_

Is this an intermittent or permanent issue? \_\_\_\_\_

If intermittent, when does the issue take place? (Please be as specific as possible)

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How did you become aware of the issue? \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave, SW, Washington, DC 20250-9410