Complaint Form
(Possible Violation)

Complaint Received by: …….. **Date:**……..

Reported By: ……...…….. **Anonymous**

Address of Violation: ……

SBL: …… **Zoned:** ……..

Owner's Name: ……

Mailing Address: ……

Nature and details of complaint: ……...

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Zoning Officer: ……..

716-792-9614x4 87 W Main St, Brocton, NY 14716 716-792-9610 code@town.portland.ny.us