TOWN OF CAMILLUS
ESTABLISHED 1799

TOWN OF Camillus

Code Enforcement Office
4600 West Genesee Street
Syracuse, NY 13219
315-487-8930 Phone
315-487-6976 Fax

Code Enforcement Officer – Gregg Humphrey

Code Enforcement Complaint Form

COMPLAINT FORM MUST BE SIGNED
All complaints will be followed up in a timely manner based on the severity of the alleged violation

Address/Location of Complaint: _____

Complainant Name: _____ Phone #: (____) _____-_____

Address: _____

Email: _____

Date: ____/____/_____ Signature: _____

Description of Complaint:_____

_____

Can this violation be seen from the road? Yes ( ) No ( ) or neighboring property: Yes ( ) No ( )

Do we have permission to use your property to see the alleged violation? Yes (_____) No ( )
Signature of Property Owner

COMPLAINANT INFORMATION IS CONFIDENTIAL,
WE WILL NOT DISCLOSE WHO FILED THE COMPLAINT UNLESS COMPELLED BY THE COURTS.

Nature of Complaint: Building Condition____ Nuisance Vehicle____ Tall Grass/Weeds____

Rubbish____ Unsafe Structure____ Sign Issue____ Zoning____ Housing Issue____ Other____

Code enforcement officer, assigned**:** _____

Date complaint entered into CloudPermit: ___/____/_____.

Site inspection completed: Date: _____/____/_____ Time: ____:____am/pm

Result of inspection: Passed – No Violation _____ Failed – Violation entered into CloudPermit _____

Explanation of Findings: _____

_____

_____

Property Owner: _____

Property owner notified: _____ Date:_____ Time:_____:_____am/pm

Means of notification: Certified and Regular Mail_____ Phone_____ Posted on Premises_____ Personal Service _____

Complainant Notified: _____ Date:_____ Time:_____:_____am/pm

Means of notification: Email_____ Phone_____ Mail_____ In-Person_____

Corrective Action Taken: _____

_____

_____ _____/_____/_____
Code Enforcement Officer/Building Inspector Date