Form
F C No.1

CODES OFFICE
TOWN OF FRANKFORT
FRANKFORT, NEW YORK 13340

COMPLAINT OF CODES VIOLATION

Complainant_____ Street or Road_____

Town ( )
Village ( )_____ County_____
City ( )

Telephone_____

Complaint Received by_____

Date_____ Time_____

Give Below Complete Detail Of Complaint, Include Name, Address, Phone Number Of Violator, And Or Attach All Written Documentations.

Details of Complaint_____

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Action Taken_____

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