



Village of Sagaponack

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DATE: _____ TIME: _____ COMPLAINT #: _____

COMPLAINANT NAME: _____ PHONE: _____

COMPLAINANT ADDRESS: _____

HOW COMPLAINT RECEIVED: PHONE _____ MAIL _____ PERSONAL _____

LOCATION OF COMPLAINT: _____

TAX MAP 908- _____ - _____ - _____ RECEIVED BY: _____

NATURE OF COMPLAINT

FIRST INSPECTION: _____ DATE: _____

SECOND INSPECTION: _____

THIRD INSPECTION: _____

COMMENTS:

