



## VILLAGE OF SAGAPONACK

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631-537-0017 631-537-0612 (FAX)

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### COMPLAINT FORM

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ COMPLAINT: # \_\_\_\_\_

HOW COMPLAINT RECEIVED:     PHONE     EMAIL     IN PERSON

COMPLAINANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPLAINANT ADDRESS: \_\_\_\_\_

COMPLAINANT EMAIL: \_\_\_\_\_

HOW COMPLAINT RECEIVED:     PHONE     EMAIL     IN PERSON \_\_\_\_\_

LOCATION OF COMPLAINT: \_\_\_\_\_

TAX MAP 908- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

### NATURE OF COMPLAINT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIRST INSPECTION DATE: \_\_\_\_\_

SECOND INSPECTION DATE: \_\_\_\_\_

THIRD INSPECTION DATE: \_\_\_\_\_

COMMENTS: