



BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER

James P. McCann

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COMPLAINT FORM

This form must be completed and in compliance with the Town of Cambria Codes

Address of Complaint: _____

Nature of the Complaint: (Provide as much detail as possible) _____

NOTICE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

(PLEASE PRINT AND FILL OUT COMPLETELY. WE ARE NO LONGER ACCEPTING ANONYMOUS COMPLAINTS.)

Complainant: _____

Street: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature of Complainant: _____

Sworn to before this ____ day of _____ 20____

Signature/Title _____

Office Use Only