



**BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER**

*Matthew Cooper*

**4160 UPPER MOUNTAIN ROAD • SANBORN NY 14132-9416**

**Phone: 716-433-7664 Ext. 133**

[mcooper@townofcambria.com](mailto:mcooper@townofcambria.com)

**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