



**BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER**  
*Matthew Cooper*  
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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**

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