

INCORPORATED VILLAGE OF LLOYD HARBOR

Suffolk County, New York
Building Department Tel: (631) 549-2640

COMPLAINT FORM

Under the Village Zoning Ordinance and NYS Building Code

COMPLAINANT:

DATE: _____

NAME: _____

ADDRESS: _____

PHONE/CONTACT: _____

VIOLATION LOCATION:

PROPERTY OWNER: _____ **PHONE #:** _____

SECTION/BLOCK/LOT: _____

PROPERTY ADDRESS: _____

TENANT NAME: _____

NATURE OF COMPLAINT: (Please provide as much information as possible. All information is kept confidential)

VILLAGE USE ONLY:

REFERRAL from OFFICIAL CITIZEN Complaint UNRELATED INSPECTION ROUTINE PATROL

INSPECT & PROVIDE THE FOLLOWING:

INSP. DATE: _____ **REINSP DATE:** _____

INSPECTION OF ALLEGED VIOLATION:

PHOTOS TAKEN # _____ **VIOLATION NOTICE POSTED** **PERSONAL CONTACT**

BUILDING INSPECTOR: _____