

**Town of Schroepfel  
Code Enforcement Office  
Complaint Form**

Complaint # \_\_\_\_\_  
Date of complaint \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_

Name of complainant: _____
Address of complainant: _____
Phone # of complainant: _____

Nature of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date remedied: \_\_\_\_\_