

TOWN OF ELBA

7 Maple Avenue
P.O. Box 295
Elba, NY 14058
(585) 757-2762

Zoning Complaint Form

***Notice: Complainant's name and address will remain confidential**

ADDRESS OF ALLEGED VIOLATION _____

TAX MAP# _____ ZONED _____

OWNER'S NAME _____ PHONE _____

MAILING ADDRESS _____

COMPLAINT: _____

COMPLAINT RECEIVED BY _____ DATE _____

COMPLAINANT'S NAME* _____ PHONE* _____

ADDRESS* _____

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ZONING OFFICER'S PROGRESS REPORT.....ACTION TAKEN ON COMPLAINT: