

**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\* \_\_\_\_\_

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