

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

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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: \_\_\_\_\_