

**Town of Cohocton  
Code Enforcement Office**

**COMPLAINT OF VIOLATION FORM**

Form of complaint:     Phone         Letter (attach)         Written Report

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Location of Complaint:** \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACTION BY ENFORCEMENT OFFICER:**

Possible violation of: \_\_\_\_\_ Cohocton Zoning or \_\_\_\_\_ NYS Uniform Code

Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_

Site Inspection completed on \_\_\_\_\_ (date) at \_\_\_\_\_ time, (am/pm).

Report of findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_  
Follow Up: \_\_\_\_\_

\_\_\_\_\_  
Zoning Enforcement Officer