



**CITY OF PORT JERVIS**  
BUILDING DEPARTMENT  
14-20 HAMMOND STREET  
P.O. BOX 1002  
PORT JERVIS, NEW YORK 12771  
TELEPHONE: (845) 858-4080  
FAX: (845) 856-6913

## Complaint Form

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Request made by: \_\_\_\_\_ Letter \_\_\_\_\_ Telephone \_\_\_\_\_ In person \_\_\_\_\_

Address in Question: \_\_\_\_\_

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

Complainant's Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information and Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_