

TOWN OF SOUTHAMPTON

**Department of Land Management
Building and Zoning Division**
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968



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COMPLAINT FORM

DATE _____ TIME _____ COMPLAINT NUMBER _____

COMPLAINANT _____

NAME _____

ADDRESS _____

PHONE # _____

COMPLAINT RECEIVED BY _____

LOCATION OF COMPLAINT _____

STREET & NUMBER

HAMLET

TAX MAP NUMBER 0900- _____ - _____ - _____

PERMIT #, IF APPLICABLE _____

NATURE OF COMPLAINT

ASSIGNED TO: _____ DATE: _____

FIRST INSPECTION: _____ DATE: _____

SECOND INSPECTION: _____ DATE: _____

THIRD INSPECTION: _____ DATE: _____

CORRECTED _____ UNFOUNDED _____ LETTER SENT _____ SUMMONS _____