



Town of Galway Code Enforcement
5910 Sacandaga Road
Galway NY 12074
Cell:(518)514-8012
Fax:(518)882-6090
tgilday@townofgalwayny.org

COMPLAINT OF VIOLATION

(Name of Complainant Will Be Kept Confidential)

Form of Complaint: _____ Phone _____ Letter (attach)

Complainant: _____

Address: _____

Phone: _____

Site Location _____

Tax Map # _____

Property Owner _____

Nature of Complaint _____

Signature of Complainant _____ Date _____

OFFICE USE ONLY:

Inspection completed on _____

Report of Findings _____

Violation of Law or Ordinance _____

Recommended Actions: _____

Code Enforcement Officer's Signature _____