

## Citizen Complaint Form

If you have a complaint concerning a problem that is:

1. Under the jurisdiction of the Code Enforcement Office of the Town of Enfield.
2. Is a valid complaint and the Code Enforcement Office needs to be aware of, please use the form on the opposite side. Do not fill in any areas below the state "OFFICE USE".

Your complaint must be one that is a valid complaint and can be handled within the jurisdiction of the Town of Enfield Code Enforcement Office.

We will need your name and address and a phone number to be able to contact you if more information is needed to help resolve this issue.

We will not respond to personal disputes. All complaints must be a valid nature and within our jurisdiction.

We will handle complaints based on what we consider the most important first. Because of time constraints, issues with life and safety concerns will take priority.

**A growing town  
with caring people.**



[www.townofenfield.org](http://www.townofenfield.org)

**Town of Enfield  
Code Enforcement Office  
182 Enfield Main Road**

**Mailing Address:  
168 Enfield Main Road  
Suite 7  
Ithaca, NY 14850**

**Town of Enfield  
Code Enforcement  
Office  
182 Enfield Main Road  
Ithaca, NY 14850**

[code-officer@townofenfield.org](mailto:code-officer@townofenfield.org)

Phone: 607-277-0266

**Code Officer  
Alan Teeter**

**Complaint Form**



**Town of Enfield - Code Enforcement Office**

**Mailing Address:**

168 Enfield Main Road, Ithaca, NY 14850

**Complaint Form**

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

**Anonymous complaints may or may not be responded to depending on nature of possible violation.**

Name of Person making Complaint: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Nature of Complaint and Property Information:**

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

Property Owner: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address/Location of Property you want checked:  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Any phone numbers will help us: \_\_\_\_\_

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**OFFICE USE: Do not write below the dotted line.**  
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Is Complaint Valid? YES NO (Circle one)

Action Taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date handled and resolved: \_\_\_\_\_

CEO: \_\_\_\_\_