

Town of Starkey

40 Seneca Street
Dundee, New York 14837
Email: starkeyclerk@gmail.com
Office: 607-243-5410
Fax: 607-243-7764

Date Filed _____
Department _____
Contact _____
Town Clerk Initials _____
Result/Action _____
Date Closed _____

Complaint Form

1. Applicant/Resident

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone: Day _____ Night _____ Cell _____
E-Mail Address _____

2. Complaint Against

Name/Department _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone: Day _____ Night _____ Cell _____
E-Mail Address _____

3. Nature of Complaint

The complaint should include a detailed description of the incident including:

- The location _____
- The date _____
- The time _____
- If this is a building or zoning complaint, please refer to the section of the building code you feel is being violated. _____
- Include any photographs, if applicable.

4. Description of Complaint

Please describe the nature of the complaint, include a description of where and when the complaint occurred.

**Attach additional sheet(s) if additional space is needed.

5. Affirmation by Applicant

I declare that the contents of his application are true and correct to the best of my knowledge. I grant permission for the Town of Starkey or its designees to review and investigate this complaint.

Signature _____

Date _____