

**TOWN OF SCHROON**  
**Zoning / Building / Fire Codes Department**

P.O. Box 578  
Schroon Lake, N.Y. 12870  
Phone: 518-532-7737 X15, Fax: 518-532-9474  
codes@schroon.net

**COMPLAINT OF VIOLATION OF NYS UNIFORM FIRE PREVENTION & BUILDING CODE  
OR VIOLATION OF TOWN SCHROON ZONING ORDINANCE OR SUBDIVISION RULES AND  
REGULATIONS**

This document is subject to disclosure under the Freedom of Information Law. The person or firm you are complaining about will be informed of the complaint and may request a copy of this complaint document.

**PLEASE PRINT OR TYPE.**

Date: \_\_\_\_\_ Complaint Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Tax Map # \_\_\_\_\_

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

**PERSON OR FIRM YOU ARE COMPLAINING ABOUT.**

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

Address: \_\_\_\_\_ Tax Map # \_\_\_\_\_

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

**NATURE OF COMPLAINT.**

**Signature of Complainant:** \_\_\_\_\_