

Town of Bethel Building Department

P.O. Box 300
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F: 845.583.4710
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Violation Complaint Form

Walk-In _____ Phone Call _____ Email _____

Date: _____

Name of Complainant: _____

Address: _____

Phone #: _____

Complaint Lodged Against: _____

Address: _____

Nature of Complaint: _____

Violation has existed since: _____ Bethel Tax Map #: _____

Print Name of Complainant

Signature of Complainant

For Office Use Only:

Date Received: _____

Date Examined: _____

Examined by: _____

Comments:
