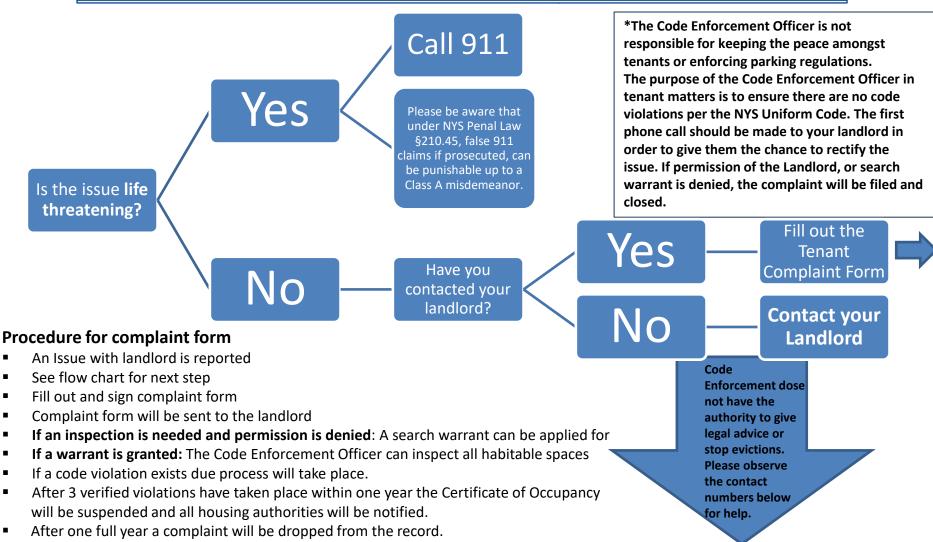
Town of Sodus Tenant Complaint Procedure



If at any point you or someone you know has a life-threatening issue please stop and dial

- Wayne County ARC 315-331-7741
- Wayne County Department of Aging & Youth 315-946-4881
 - Newark Housing Assistance 315-331-1574
 - Legal Assistance of Western New York 315-781-1465
 - O Wayne County Fair Housing 1800-424-8590

911

| Tenant Complaint Form | Date: |
|---|---|
| Date the Issue Started: | Date the Landlord was Contacted: |
| Apartment Address: | Apartment Number: |
| Name of Landlord: | Landlord Phone Number: |
| By filling out the following y | ou are swearing that to the best of your ability all statements are true |
| Please briefly describe the nature of the complaint: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| The following information is required: | |
| Tenant Name: | |
| Tenant Phone: | I swear to the best of my ability that the statements above are true. |
| | Please Sign: |
| are experiencing. If it is deemed that the issue warrants a code vice | s not being violated. Please be aware that this document will be sent to your landlord in an effort to rectify the issue you lation that affects the ability to inhabit your apartment, the Code Enforcement Officer may request entry into the administrative search warrant may be applied for based upon the information stated above. All information submitted standing it may be used against all parties in court. |
| Office Use Only: □ Photographic ev □ Complaint receiv □ Visually Observe | idence attached ved after violation has been closed d by the Code Enforcement Officer FRANK GAHR Code Enforcement Officer |