TOWN OF NEW BALTIMORE
COMPLAINT FORM

Case #_____
Year-Complaint Number

Name of Complainant:_____

Address of Complainant:_____

Location of Complainant:_____

Property Owner of Complaint Location:_____

Description of Complaint (Be Specific):_____

_____

_____

_____

_____

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_____

Signature of Complainant:_____

Office Use Only

Complaint Received By:_____ Date:_____ Via:_____

Complaint Forwarded To:_____Date:_____Via:_____

Investigation
Finding:_____

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_____

Remedy Required:_____

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