COMPLAINT FORM

Village of Brewster

50 Main Street	County of Putnam	Date:	
Brewster, NY 10509			

Nature of Complaint.								
Code Vio	olatio	n Parking	Other					
Name				Phone:				
Address				Cell:				
City, ST,	ZIP			Email:				
need to a	ask foli	f complainant is optional but low-up questions when invest a valuable tool. It also provi	tigating complai	nts so ha	ving con	tact informatio	n from the	
Please describe the problem/situation. If more than one, separate and number each.								
Item #	Description			Locati	ion Address	Date/Time Observed		
Verificat	tion (d	optional)						
I (print n any pictu		other documents attached h	, heret ereto are true a			items describe	d hereon and	
Signature						Date		

Use this space for additional information. Mail, or fax to 845-278-7653 or scan and email the form to phansen@brewstervillage-ny.gov - attention Village Clerk