Village of Macedon
81 Main Street
Macedon, NY 14502
Tel. 986-3976
FAX 986-3444

COMPLAINT FORM

Date: _____

Complainant's Name: _____

Complainant's address: _____

Complainant's Phone Number: _____

Date of Occurrence of the Complaint: _____

Description of the Complaint:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Property Location Address and Owners name of the Complaint:
_____
_____

Complainant's Signature: _____
Date:_____