

# VILLAGE OF MIDDLEPORT

COUNTY OF NIAGARA

24 Main Street

Middleport, NY 14105-0186

[code.enforce@villageofmiddleport.org](mailto:code.enforce@villageofmiddleport.org)

## GENERAL COMPLAINT FORM

Date \_\_\_\_\_ SBL# \_\_\_\_\_

Complainant(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Accused \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Zip Code \_\_\_\_\_

**The facts upon which this complaint is based:**

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**NOTICE: Any False statement(s) made herein are punishable as a class "A" Misdemeanor, pursuant to Section 210.45 of the Penal Law of the State of New York.**

Affirmed under the penalty of perjury this: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Complainant\*

**\*Your signature is required for this complaint to be investigated. Your signature confirms that you will be a witness at a Village of Middleport Court trial if necessary.**

**Please return to the Village of Middleport Building Department at above address.**

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Office Use Only

Date of Inspection \_\_\_\_\_ Complaint # \_\_\_\_\_

Findings \_\_\_\_\_

Section of ordinance or law affected \_\_\_\_\_

Action Taken/Date \_\_\_\_\_

Follow-up Results \_\_\_\_\_