

# CITY OF ONEIDA

DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF FIRE

Kevin Salerno, *Chief*



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Oneida, New York 13421  
TEL: 315-363-1910  
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## COMPLAINT OF VIOLATION

(NOTE: Print in pen or type)

Person Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Nature of Complaint:

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

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### ACTION BY ENFORCEMENT OFFICER (to be filled out by City)

Possible Violation of Article: \_\_\_\_\_ Section: \_\_\_\_\_

City of Oneida Code ( ) New York State Code ( )

Site Inspected on \_\_\_\_\_ at \_\_\_\_\_ (AM) (PM)

Report of Findings: Complete on Back

Recommended Action: Complete on Back

\_\_\_\_\_  
Enforcement Officer Signature

\_\_\_\_\_  
Print

NOTICE: False Statements Are Punishable By Law

(Over)

**Report of Findings:**

**Recommended Action:**