

CITY OF ONEIDA

DEPARTMENT OF PUBLIC SAFETY
BUREAU OF FIRE

Dennis J. Fields, Jr, *Chief*



109 North Main Street
Oneida, New York 13421
TEL: 315-363-1910
FAX: 315-363-3437

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: _____

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: