TOWN OF WAPPINGER ZONING ENFORCEMENT INSPECTION REPORT

		DATE:	
COMPLAINANT:		TELEPHONE:	
ADDRESS:			
VIOL LOCATION:		TAX PARCEL NO.:	
PROPERTY OWNER:		ZONE:	
OWNER ADDRESS:		OWNER TELEPHONE:	
INITIATED BY:			
0 REFERRAL from OFFICIAL		O UNRELATED INSPECTION	O DRIVE-BY INSPECTION
NATURE OF COMPLAINT:			
INSPECT & PROVIDE THE FOLLOWING: INSP DAT REINSP DATE:			
INSPECTION OF ALLEGED VIOL	ATION:		
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The foregoing factual allegations are based upon personal knowledge and/or information and belief.

AFFIRMED UNDER PENALTY OF PERJURY
THIS _____ DAY OF _____, 20____
DATE: _____

Code Enforcement Officer