



**TOWN OF LIVINGSTON
BUILDING INSPECTOR
CODE ENFORCEMENT OFFICER
SAM HARKINS
POST OFFICE BOX 67
LIVINGSTON, NEW YORK 12541
(518) 851-9441 EXT. 314**

Building Department Complaint Form

Please provide as much detail below to aid in the analysis, identification and resolution of the described issue.

Date: ____ / ____ / ____

Location of Activity/Infraction _____

Please describe the nature of the complaint _____

When did you first notice the first activity/infraction _____

Please add any additional information _____

