Town Of New Albion
Village of Cattaraugus

COMPLAINT FORM

Address of Complaint_____Date Received_____

Name_____

Address_____

City_____State_____Zip_____

Complaint:

Action:

Notified: Town Board Date_____ Village Board Date_____ Police Dept. Date_____ HWY/DPW Date_____ Clerk Date_____

*Anonymous complaints are not accepted.

14 Main Street, Cattaraugus, NY 14719