

Village of Bronxville

Complaint to the Building Department

Date: _____

Location of alleged violation (Address): _____

Visible from the road: _____

Name of owners, Tenants, etc, (If known): _____

Complaint (Please be specific): _____

Complainant Name: _____

(Please print)

Address: _____

Telephone #: _____

Email Address: _____

Signature of Complainant: _____

Form must be complete.

**Name, Address, email and signature must be entered
or complaint will not be addressed.**