

Village of Cuba Village
Snow Removal Complaint Form

SNOW

Case # _____
Year - Complaint Number _____

Name of Complainant: _____
Address of Complainant: _____
Email address of Complainant _____
Phone # of Complainant _____

Address of suspected violation _____

Description of the problem (be specific) _____

Signature of Complainant: x _____

Office Use Only

Complaint received by: _____ time/date _____ via: _____
Complaint forwarded to: _____ time/date _____ via: _____

SPW Investigation findings:

<input type="checkbox"/>	in violation
<input type="checkbox"/>	not in violation

Courtesy Notice # _____ left at _____
(address of suspected violation) (time) (date)

Remedy required:

<input type="checkbox"/>	DPW cleared sidewalk	<input type="checkbox"/>	billing sent
<input type="checkbox"/>	Owner/Occupant cleared sidewalk		