

Village of Warwick Code Enforcement
77 Main Street
Warwick, NY 10990

Village of Warwick Zoning / Local Law Civil Complaint

Name of Complainant: _____ DOB: _____

Address: _____

Home Phone # _____ Work/Cell Phone # _____

Today's Date: _____ Current Time of Day: _____

Name of Defendant: _____

Address: _____

Location of Alleged Offense: _____

Time of Alleged Violation: _____ Date of Alleged Violation: _____

Section of Zoning Law That Was Allegedly Violated: _____

Statement

By signing this statement I attest that the above statement is true under the penalties of perjury. I understand that the Defendant will have access to this statement, and that this statement may be used in a Court of Law, in a Civil Action, and will be made available to the public or press if requested under the Freedom of Information Act.

Complainants Signature: _____ Date of Signature: _____

Code Enforcement Official

Signature: _____ Date of Signature: _____