

# Town of Kingsbury

6 Michigan Street

Hudson Falls, New York 12839-1242

Phone: (518)-747-2188 ext. 3008

## COMPLAINT FORM

Complainant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Property Address of Complaint: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Nature of Complaint:

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It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Affirmed under the penalty of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

<http://www.kingsburyny.gov>