

## **COMPLAINT OF VIOLATION**

	Date		_
Complaint			
Property Owner where possible violation:			
Site Address of possible violation:			
Complainant name (optional):			
Address/Phone:			
Nature of Complaint (attachment letter if neces	ssary) :		
ACTION BY ENFORCEMENT OFFICER:			
SBL:#			
Possible violation of Chapter of the Code of the Village /Town of Aurora	, Section	, Subsection	
Site Inspection completed on	at	AM/PM	
Report of Findings:			
Recommended Action:			
Referred to Town Attorney	Town Board Resolution		
Referred to Town Prosecutor	PIR/WRK		