TOWN OF OTTO COMPLAINT FORM

INSTRUCTIONS	OFFICE USE
Complete form and sign. Mail or hand deliver to: Otto Town Clerk 8842 Otto - E.Otto Road Cattaraugus, NY 14719	Received by: _____ Date: _____ *(Only a dated and signed copy of this complaint form will serve as proof of receipt.)*

COMPLAINTANT'S FULL NAME : (Print) **ADDRESS (Mailing)**

( )

Telephone number **CITY, STATE, ZIP**

COMPLAINT

(Clearly indicate the details involved in the complaint and use the reverse side of the form if more space in needed)

SIGNATURE OF COMPLAINTANT _____