

TOWN OF NEWSTEAD
5 Clarence Center Road
Akron, NY 14001

COMPLAINT FORM

Date Submitted: _____
Time Submitted: _____
Submitted to: _____

Nature of Problem: _____

Name of Complainant: _____
Address: _____
Phone: _____

If property or operation being complained about operates under a permitting agency, complaint shall be forwarded to agency:

- NYS DEC
- NYS DOT
- Erie County Health
- Erie County Water
- Erie County Highway
- Town of Newstead Highway
- Other
- _____

- Action by Agency _____ (Name of Agency)
- or
- Action taken by Town of Newstead

Action taken: _____

Problem resolved satisfactorily..... _____
Verified by _____ Date _____