Village of Hudson Falls Office of Code Enforcement 220 Main Street Hudson Falls, NY 12839

COMPLAINT FORM

Complainant:		
Name:		#.5 <i>c-12-1</i> c-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Address:	<u>-</u>	
	Dhone	
Property Address of Complaint: Property Owner: Address: City:		
Nature of Complaint:		
York, for a person, in and by a wr statement, or to make a statement	s A Misdemeanor under the laws of the State of I ritten instrument, to knowingly make a false which such person does not believe to be true. jury this day of, 20	
	Signature of Complainant	