



TOWN OF OYSTER BAY  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
**CODE ENFORCEMENT BUREAU**

74 AUDREY AVENUE  
 OYSTER BAY, NEW YORK 11771  
 (516)624-6250 Fax (516) 624-6240

<b>FOR OFFICE USE ONLY</b>
_____ NEW CASE #
_____ PREVIOUS CASES

**REQUEST FOR INVESTIGATION**

PLEASE PRINT NEATLY. Fill out all required fields and provide as much detail as possible. ANONYMOUS COMPLAINTS WILL NOT BE PROCESSED.

**SECTION 1 PREMISES TO BE INVESTIGATED** (Required)

PLEASE INCLUDE CORRECT HOUSE NUMBER TO EXPEDITE INVESTIGATION. SECTION, BLOCK AND LOT IS OPTIONAL.

Number	Street Name	Town	Zip Code
Nearest Cross Street	Tax Section	Block	Lot(s)
PREMISES TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____			

**SECTION 2 OWNER INFORMATION**

Last Name	First Name	Phone Number(s)	<input type="checkbox"/> SAME ADDRESS AS SECTION 1
			<input type="checkbox"/> DO NOT KNOW OWNER'S ADDRESS
Number	Street Name	Town	

**SECTION 3 VIOLATIONS** (Required)

PLEASE CHECK OFF ANY OF THE FOLLOWING WHICH APPLY, AND DESCRIBE IN FULL IN SECTION 4.

<input type="checkbox"/> Animals and Fowl	<input type="checkbox"/> Lights	<u>Illegal Housing:</u>
<input type="checkbox"/> Business – Wrong Zone	<input type="checkbox"/> Litter and Debris	<input type="checkbox"/> Basement/Cellar Apartment
<input type="checkbox"/> Corner Obstruction	<input type="checkbox"/> Non-Maintenance	<input type="checkbox"/> Illegal Apartment
<input type="checkbox"/> Dangerous Condition	<input type="checkbox"/> Noise	<input type="checkbox"/> Multiple Dwelling
<input type="checkbox"/> Dangerous or Vacant Building	<input type="checkbox"/> Peddlers	<u>Vehicles (On Premises):</u>
<input type="checkbox"/> Drainage	<input type="checkbox"/> Swimming Pools – Non-Maintenance	<input type="checkbox"/> Commercial
<input type="checkbox"/> Fencing	<input type="checkbox"/> Swimming Pool – No Permit/Fence	<input type="checkbox"/> Parking Condition
<input type="checkbox"/> Graffiti	<input type="checkbox"/> Structure – No Permits	<input type="checkbox"/> Unregistered
<input type="checkbox"/> Health and Welfare	<input type="checkbox"/> Other _____	

TIME:  AM  PM  Random Times  At All Times

AREA:  Front  Side  Rear  Interior

**SECTION 4 ADDITIONAL INFORMATION/DETAILS** (Required)

PLEASE PROVIDE EXPLANATIONS OF PREVIOUS SECTIONS, AND ANY RELEVANT MOTOR VEHICLE OR TENANT INFORMATION.

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**SECTION 5** COMPLAINANT INFORMATION *(Required)*

Last Name		First Name		Middle Initial	
Number	Street Name			Town	Zip Code
( )	-	( )	-		
Home Phone		Business Phone			

Signature			Date		
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THIS SECTION **MUST** BE COMPLETED IN ORDER TO PROCESS THE COMPLAINT. ANONYMOUS COMPLAINTS WILL **NOT** BE ACCEPTED.

AT TIMES IT MAY BE NECESSARY FOR THE INSPECTOR TO HAVE ACCESS TO YOUR PROPERTY IN ORDER TO VIEW THE ALLEGED VIOLATIONS DESCRIBED IN THE COMPLAINT.

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**ALL COMPLAINANT INFORMATION IS KEPT CONFIDENTIAL.**

**ONCE SUBMITTED, COMPLAINT FORMS WILL NOT BE COPIED OR RETURNED.**

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