

**TOWN OF VIENNA  
ONEIDA COUNTY**

**COMPLAINT OR COMMENT**

**This form is for the use of residents in the Town of Vienna.**

Form of complaint or comment: \_\_\_ Phone \_\_\_ Letter

Date: \_\_\_\_\_

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Site Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_

**Nature of Complaint or Comment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE**

**Date received:** \_\_\_\_\_

**Date forwarded:** \_\_\_\_\_

**Received by:** \_\_\_\_\_