



TOWN OF OYSTER BAY
 DEPARTMENT OF PLANNING AND DEVELOPMENT
CODE ENFORCEMENT BUREAU
 74 AUDREY AVENUE
 OYSTER BAY, NEW YORK 11771
 (516) 624-6200 FAX (516) 624-6240

FOR OFFICE USE ONLY
NEW CASE # _____
PREVIOUS CASES _____

REQUEST FOR INVESTIGATION

Please print clearly. 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: Residential Commercial Industrial Other _____

SECTION 2 OWNER INFORMATION

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

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 | <input type="checkbox"/> <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 | <input type="checkbox"/> <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 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
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Number	Street Name	Town	Zip Code
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Home Phone	Business Phone	Cell Phone
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Signature	Date
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_____, appeared before me this _____ day of _____, 20____.
(Person's Name)

NOTARY PUBLIC

*** REQUIRED: Please attach a copy of your driver's license or have your signature notarized.**

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

All complaints will remain confidential, but in the event of a criminal/court proceeding, subject to Article 245 of the New York State Criminal Procedure Law (adopted by the New York State Legislature and signed into law by the New York State Governor, effective January 1, 2020), your information will be disclosed as part of the New York State mandated legal process.
