



The City of Kingston, NY

BUILDING SAFETY & ZONING ENFORCEMENT 5

GARRAGHAN DRIVE, KINGSTON, NY 12401

(845) 331-1217 BUILDINGS@KINGSTON-NY.GOV

VACANT PROPERTY COMPLAINT FORM

Address of Complaint: _____

Name of Property Owner: _____ Date: _____

Phone: _____

Nature of Complaint:

_____ (Attach additional sheets if necessary)

Complainant Name: _____ Phone: _____

Address: _____

Email: _____

Please keep my complaint anonymous (Complainant information is still required)

SIGNATURE: _____ DATE: _____

(Digital and typed signatures will not be accepted)

Office Use Only

Parcel ID: _____	Complaint #: _____	Date Inspected: _____
Findings Entered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Violation Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Closed - _____	NYSCEO- _____	

