

# Town of Clifton Park

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Department of Building & Development  
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## INVESTIGATION REQUEST FORM

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Address of Possible Violation: \_\_\_\_\_

Owner Name/Address (if known): \_\_\_\_\_

Nature of Possible Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be completed by Agency

Department Response: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature