

**TOWN OF MIDDLETOWN
PO Box 577
MARGARETVILLE, NY 12455**

TO: Supervisor, Town Board

Date: _____

I wish to register the following complaint regarding

- Transfer Station
- Town Clerk's Office
- Justice Court
- Assessors
- Highway Department
- Building & Zoning Department
- Other

Specific details regarding the complaint:

Name: _____

Address: _____

Signature

May we call you regarding this complaint? If so, please give us your phone#:

Thank you – all complaints will be addressed within 48 hours of receipt.