Problem Property Tip Sheet
Working Together For a Better Buffalo
Is there a specific problem with a property in your neighborhood?
Please fill out the form with as much detail as possible and the
OFFICE OF THE MAYOR - DIVISION OF CITIZEN SERVICES
will see that the problem is forwarded to the proper authorities.

Date: ___________
Address of Problem ___________________________________________ Zip Code
________________________
Apartment: _______________ (upper, lower, front, rear, etc.)

Problem Type (check and explain below)

() Graffiti  () Litter, Debris, Garbage
() Vandalism  () Exterior Structural Violations
() Parking  () Unlicensed/Abandoned Vehicles
() Other  () Party/Loud Noise

Explanation: (Be as specific as possible) ________________________________
________________________________________
________________________________________

Vehicle Information:
Plate # ________ Make ________ Model ________ Color ________
Plate# _________ Make ________ Model ________ Color ________

Name(s) of Violator(s) (Names or nicknames if known)

________________________________________
________________________________________

Complainant: (Optional) ____________________________________________ Name ____________________________ Phone number

Do you wish to be confidentially contacted? _____ Yes _____ No

Please mail this form to: Office of the Mayor – Division of Citizen Services
218 City Hall Buffalo, NY 14202 – Attn: Complaint Resolution Center