

VILLAGE OF VICTORY  
*Home of the Saratoga Battle Monument*



CODE ENFORCMENT DEPARTMENT  
Investigation Request Form

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

\_\_\_\_\_

Your Contact #: \_\_\_\_\_

**Information to complete about your inquiry**

Property Owner Name/Address: \_\_\_\_\_

\_\_\_\_\_

Nature of Possible Violation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**To be completed by the Village Code Enforcement Officer**

Department Response:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Village CEO Signature