

# Hazardous Conditions/Safety Violations Form

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

To: \_\_\_\_\_  
(Name of person to whom form should be sent (e.g. Mayor, Corporation Counsel, or a Department Commissioner))

Please be advised of the following hazardous condition(s) and/or safety violation(s):

Location: \_\_\_\_\_  
(Street, cross-streets, house, or business address)

The condition has existed from, or was first observed: \_\_\_\_\_  
(Date)

Enclosed, please find a photograph: YES \_\_\_\_\_ NO \_\_\_\_\_ (Check one)

The foregoing information will serve as a formal notice of the above hazardous and/or safety conditions which may be used as legal reference data in the event conditions cause injury and/or property damage to any person or persons.

\_\_\_\_\_  
(Signature)

NOTE: Send first copy by certified mail to Corporation Counsel  
Send second copy regular mail to Department concerned

MAIL TO: Mount Vernon City Hall  
(Insert Corporate Counsel & Department Here)  
Roosevelt Square  
Mount Vernon, NY 10550  
Ph. (914) 665-2300 Fax (914) 665-6173