



East Hampton Town and Village
Disabilities Advisory Board



Americans with Disabilities Issue Referral Form

Please Do Not Write in this section (to be completed by Office Staff)

Date Received: ___/___/___ Received By: _____

Received by: Phone Mail In Person via email

Contact Information:

Name: _____ Phone: _____

Address: _____ Mailing Address: _____

City/State/Zip _____ email: _____

Issue Information:

Location: _____ Building No. _____ Street: _____

Village of East Hampton Amagansett East Hampton

Montauk Springs Wainscott

Description of Issue: _____

Action(s) Taken:

Investigated on ___/___/___ by _____ Not Investigated

Referred to: East Hampton Village Code Enforcement E.H. Town Disabilities Office

E.H. Town Code Enforcement E.H. Town Building Department E.H. Town Fire Marshal

Disposition:

Officer: _____ Date: ___/___/___

*Form should be delivered in person or via mail to:
Village of East Hampton, attn: Code Enforcement, 85 Main Street, East Hampton, NY 11937*