

SHELTER EDUCATIONAL VISIT - AI-SIR-E

Rating: **Completed90**

Purpose: **Educational Visit**

DATE/TOA: **4/27/26 3:30 pm**

**TOWN OF OLEAN MUNICIPAL SHELTER
2634 ROUTE 16 NORTH
OLEAN NY 14760**

Inspector #: **85**
Inspector #: **074**

An inspection was done of your facility on the date(s) indicated above.

Additional Information for Inspection:

REMARKS:

NYS Shelter Rescue laws, regulations and requirements were reviewed.

REPRESENTATIVE PRESENT FOR INSPECTION: **Annette M. Parker**
TITLE: **Town Supervisor**

REVIEWED BY: **Inspector #: 074**
REVIEWED DATE: **04/29/2026**