

SHELTER EDUCATIONAL VISIT - AI-SIR-E

Rating: **Completed90**

Purpose: **Educational Visit**

DATE/TOA: **4/28/26 10:00 am**

**TOWN OF SMITHTOWN MUNICIPAL SHELTER
410 E. MAIN STREET
SMITHTOWN NY 11787**

Inspector #: **62**
Inspector #: **87**
Inspector #: **84**
Inspector #: **82**
Inspector #: **51**
Inspector #: **846**

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: **Leigh Wixon**
TITLE: **Shelter Manager**

REVIEWED BY: **Inspector #: 852**
REVIEWED DATE: **04/29/2026**