

City of Shelton

54 Hill Street
Shelton, CT 06484
(203) 924-1555

Anti-Blight Program Complaint Form

Date: _____ Please complete form and deliver or mail to the
Community Development Office, 54 Hill Street, Shelton, CT 06484.

Tell us about the Problem Area:

Location of property: _____

This property is: _____ Residential _____ Commercial

Provide us with a brief description of the condition of the property:

Does the condition of this property pose a safety concern? _____ Yes _____ No

How long has the property been in this condition? _____

Property Owner's Information:

Name of property owner (if known): _____

Property owner's address (if known): _____

Your Information:

Name: _____ Phone: _____

Your Address: _____

Agency Response to Complaint:

Referred to the following Department(s):

By: _____

Date: _____