Blight Complaint Form

Location of Possible Blight Violation:
Address: ____________________________________________

Owner Name(s): _______________________________________
Owner Address: _______________________________________
Owner Phone #: _______________________________________
Other Owner Contact Information (email, alternate address etc): ________________________________

Complainant (required – anonymous or unsigned complaints can not be accepted):
Print Name: _________________________________________
Signature: __________________________ Date: ______________

Optional Contact Information:
Address: ____________________________________________
Phone #: ___________________ Email: ___________________

The Blight Ordinance requires the following specific conditions to exist to be considered as blight. Which of the following conditions currently exist at or on the property?

___A. Multiple missing, broken or boarded up windows and/or doors.
___B. Collapsing or missing walls or roof.
___C. Seriously damaged or missing siding.
___D. Fire or water damage.
___E. Infestation by rodents or other pests.
___F. Excessive amounts of garbage or trash on the property.
___G. Inoperative or unregistered motor vehicles or inoperative boats parked, kept or stored on the premises unless garaged or the premises is properly permitted as a junkyard.
___H. Commercial parking lots left in a state of disrepair or abandonment.
___I. Vacant buildings or structures left unsecured or unguarded against unauthorized entry.
___J. Graffiti.

If none of the above conditions currently exist the property can not be considered blighted.

Please provide any further description if desired:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Attach any extra sheets or photos if needed.

Submit this form to: Blight Prevention Officer, c/o Fairfield Health Department, 725 Old Post Road, Fairfield CT 06824, or by fax to (203) 254-8850 or email a PDF of signed complaint and attachments to healthdept@town.fairfield.ct.us.