Unfit Property and Structure Complaint Form

Location of Possible Unfit Property and Structures Violation:
Address: ____________________________________________________________
Owner Name(s): _____________________________________________________
Owner Address: _______________________________________________________
Owner Phone #: ______________________________________________________
Other Owner Contact Information (email, alternate address etc): ________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Complainant
Print Name: ___________________________ Date: ___________________________
Address: ______________________________
Phone #: ____________________________ Email: _____________________________

The Unfit Property and Structures Ordinance requires one or more of the following specific conditions to exist to be considered. Which of the following conditions currently exist at or on the property:

___ One which is so damaged, decayed, dilapidated, unsanitary, unsafe or vermin-infested that it creates a serious hazard to the health or safety of the occupants or the public.

___ One which lacks hallway and porch illumination, ventilation, heating facilities (minimum of 55°F) or sanitation facilities adequate to protect the health or safety of the occupants or the public.

___ One which, because of its general condition or location, is unsanitary or otherwise dangerous to the health or safety of the occupants or the public.

___ On which, for want of proper initial construction or proper repairs or by reason of age or dilapidated condition or from any other cause, may cause a fire or presents an unreasonable threat to life.

If none of the above conditions currently exist the property or structure can not be considered as unfit.

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

Attach any extra sheets or photos if needed

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