

EAST HAVEN BLIGHT REPORT FORM
COMPLAINT INVESTIGATION REPORT

DATE: _____

COMPLAINANT

NAME: _____ PHONE: _____

ADDRESS: _____

COMPLAINT

ADDRESS OF COMPLAINT: _____

PROPERTY OWNER/TENANT: _____

PHONE: _____

DESCRIPTION OF COMPLAINT: _____

INVESTIGATIVE FINDINGS *(Town use only)*

*Any questions about this form please contact James Albis at (203) 468-3286