

CITY OF GROTON
Zoning & Building Department

BLIGHT COMPLAINT FORM

Complaint #: _____

Date of Complaint: _____

Property location: _____

Owner of Record (if known): _____

Address: _____

Details: _____

(Please attach an additional sheet if more space is needed)

Name of Person Reporting: _____

Address of Person Reporting: _____

Telephone #: _____

Signature of person reporting: _____

For Office Use Only:

Date Referred to Mayor: _____ Date Referred to DEO: _____

Date Investigation/Inspection Commenced: _____ Report to Mayor _____

Violation(s): _____

Method and Date of follow up with Complainant: _____

Method and Date of follow up with Owner: _____

Date of response from Owner: _____

If applicable, date of hearing: _____ Hearing decision: _____

If applicable, date resolution timetable received (copy attached): _____

Determination of DEO: _____

Date Blight Determination published in Newspaper: _____

If no response by Owner, recommendation by Mayor: _____

Resolution: _____
