

City of Shelton

54 Hill Street, Shelton, CT 06484

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Anti-Blight Program Complaint Form

Please complete, sign, and deliver or mail to us at the above address.

Anonymous complaints may not be addressed.

Your Name: _____

Date: _____

Your Address: _____

Call ____ Fax ____ Visit ____

Received By: _____

Your Phone: _____

Received Date: _____

Your Signature (Required): _____

Tell us about the problem area:

Property Address: _____

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? _____

Agency's Response to Complaint:

Name of Property Owner: _____

Property Owner's Address: _____

Additional Information: _____

Referred to the Following Department (s):

By: _____

Date: _____