

# City of Shelton

54 Hill Street, Shelton, CT 06484

**Charlene R. DeFilippo, Anti-Blight Official**

203-924-1555, Ext. 374

E-mail: [C.DeFilippo@cityofshelton.org](mailto:C.DeFilippo@cityofshelton.org)

**Fred J. Wills, Anti-Blight Official**

203-924-1555, Ext. 320

Email: [F.Wills@cityofshelton.org](mailto:F.Wills@cityofshelton.org)

Fax: 203-924-1721

## 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: \_\_\_\_\_