TOWN OF VERNON

55 WEST MAIN STREET, VERNON, CT 06066
Tel: (860) 870-3633
Fax: (860) 870-3589

OFFICE OF THE
BUILDING DEPARTMENT

COMPLAINT FORM

DATE: _____

COMPLAINANT: _____
NAME **(THIS INFORMAITON IS REQUIRED)** PHONE#

_____
ADDRESS

_____
E-MAIL ALTERNATE PHONE#

OWNER/LANDLORD OR ADDRESS OF PROPERTY RELATIVE TO COMPLAINT:

_____
NAME & ADDRESS PHONE#

IS THE PROPERTY SUBJECT TO ANY LEGAL ACTION OR EVICITION? ____YES ____NO

HAVE YOU NOTIFIED LANDLORD OF THE ISSUES RELATED TO YOUR COMPLAINT **IN WRITING VIA US CERTIFIED/RETURN RECEIPT MAIL**? ____YES ____NO ____NOT APPLICABLE
(THIS IS REQUIRED – PLEASE SUPPLY COPY)

HAVE YOU MADE ANY ATTEMPTS TO CONTACT THE OWNER AND/OR MADE ANY ATTEMPTS TO WORK OUT THE ISSUE DIRECTLY WITH THE OWNER? IF SO, PLEASE GIVE A BRIEF DESCRIPTION ALONG WITH YOUR COMPLAINT BELOW.

COMPLAINT: (USE REVERSE SIDE IF NEEDED

_____

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cc: Health Dept. if applicable on date: _____