TOWN OF VERNON

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

OFFICE OF THE
BUILDING DEPARTMENT

GENERAL COMPLAINT FORM

DATE: _____

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

_____
ADDRESS

_____
E-MAIL ALTERNATE PHONE#

ADDRESS OF PROPERTY RELATING TO COMPLAINT:

_____

OWNER OF PROPERTY IF KNOWN: _____

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)

_____

_____

_____

_____

_____

DISPOSITION OF COMPLAINT (TO BE COMPLETED BY BO, ABO, ZEO, FM, DFM, HEALTH):

_____

_____

_____

_____

_____

Cc: Health Dept. if applicable on date: _____