

Town of Southington



BLIGHT COMPLAINT FORM

DATE: _____

COMPLAINANT: _____

STREET ADDRESS: _____

TELEPHONE: _____

*SUBJECT PROPERTY: _____

*IS THE PROPERTY CURRENTLY OCCUPIED OR VACANT ?

PROPERTY OWNER: _____

ADDRESS: _____

COMPLAINT:

Signature: _____

Return form to: Town Manager, Town of Southington, 75 Main St., Southington, CT 06489