

Milford Health Department 82 New Haven Avenue ◆Milford, CT ◆06460 ◆203-783-3285 ◆Fax 203-783-3286

<u>Anti-Blight Ordinance Chapter 10, Article II - Sections 10-14 through 10-21</u> <u>Complaint Form</u>

Complainant Name:		Date:/		
Со	mplainant Address:			
Со	mplainant Tel #:			
Pro	operty Address:			
De	scription of condition(s): _			
Be	low are the ordinance cond	litions that may constitute blight - Please	select all that apply	
	Multiple missing, broken, or boarded up windows or doors.			
	Inadequate maintenance as evidenced by structurally compromised foundation, collapsing or missing exterior walls, roof,			
	gutters or damaged or missing siding.			
	The presence of inorganic building materials, appliances, household furnishings, overgrown brush, shrubbery or			
	overgrown grass of at least one foot situated on the premises.			
	Extensive fire and/or wat	ensive fire and/or water damage.		
	Infestation by rodents or	other pests.		
	Excessive garbage or tras	n on the property.		
	Inoperative or unregister	ed motor vehicles or inoperative boats pa	rked or stored on the premises unless garaged on the	
	property.			
	Lots, such as commercial	parking lots, or open storage areas left in	a state of disrepair or abandonment.	
	Vacant buildings or struct	ant buildings or structures left unsecured or unguarded against unauthorized entry.		
	Any condition causing substantial depreciation of the property values in the neighborhood, or is a fire hazard as			
	determined by the Fire Marshal or his designee, or is attracting illegal activity as determined by the Police Department, or			
	is a public nuisance as def	ined in Sec. 11-13.		

THE MILFORD HEALTH DEPARTMENT WILL INVESTIGATE EVERY COMPLAINT AND DETERMINE WHETHER THE CONDITIONS VIOLATE THE ANTI-BLIGHT ORDINANCE

Mail or drop off completed form to: Milford Health Department

82 New Haven Avenue Milford, CT 06460