



Blight Complaint Form

Location of Possible Blight Violation:

Address: _____
Owner Name(s): _____
Owner Address: _____
Owner Phone #: _____
Other Owner Contact Information (email, alternate address etc): _____

Complainant (required – anonymous or unsigned complaints can not be accepted):

Print Name: _____
Signature: _____ Date: _____

Optional Contact Information:

Address: _____
Phone #: _____ Email: _____

The Blight Ordinance requires the following specific conditions to exist to be considered as blight. Which of the following conditions currently exist at or on the property?

- A. Multiple missing, broken or boarded up windows and/or doors.
- B. Collapsing or missing walls or roof.
- C. Seriously damaged or missing siding.
- D. Fire or water damage.
- E. Infestation by rodents or other pests.
- F. Excessive amounts of garbage or trash on the property.
- G. Inoperative or unregistered motor vehicles or inoperative boats parked, kept or stored on the premises unless garaged or the premises is properly permitted as a junkyard.
- H. Commercial parking lots left in a state of disrepair or abandonment.
- I. Vacant buildings or structures left unsecured or unguarded against unauthorized entry.
- J. Graffiti.

If none of the above conditions currently exist the property can not be considered blighted.

Please provide any further description if desired:

Attach any extra sheets or photos if needed

Submit this form to: Blight Prevention Officer, c/o Fairfield Health Department, 725 Old Post Road, Fairfield CT 06824, or by fax to (203) 254-8850 or email a PDF of signed complaint and attachments to healthdept@town.fairfield.ct.us.