



BLIGHT ORDINANCE FORM

Town of East Lyme
108 Pennsylvania Avenue PO Box 519
Niantic, CT 06357
(860) 691-4114 (860) 691-0351 Fax

Date of Complaint: _____

Time of Call: _____

Location: _____ Map # _____ Lot # _____

Property Owner: _____

Mailing Address: _____

Phones: Home: _____ Work: _____ Cell: _____

PLEASE ATTACH COPY OF ASSESSOR'S STREET CARD FOR PROPERTY.

Complainant Name: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

Complaint/Inquiry: _____

This section to be completed by staff:

REFERRED TO: Building ☐ Wetlands ☐ Health ☐ Zoning ☐

Other: _____

Inspection Date: _____ Anyone home? [] Yes _____ [] No

**THIS FORM MUST BE COMPLETED IN ITS ENTIRTY WITH THE APPROPRAITE ATTACHMENT.
NO ANNONYMOUS COMPLAINTS WILL BE CONSIDERED.**