

**BLIGHT COMPLAINT FORM**

All complaints must be mailed or brought in person to:

**Blight Enforcement Officer  
c/o Wolcott Police Department  
225 Nichols Road  
Wolcott, CT 06716**

DATE: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*\*The below information is OPTIONAL\*\****

**Complaint may be submitted with the above information only.**

\_\_\_\_\_  
Signature and Address of Complainant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name