

**LITTER  
COMPLAINT REGISTRATION FORM**

DATE: \_\_\_\_\_ COMPLAINT # \_\_\_\_\_

COMPLAINT YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR TELEPHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NEW OR REPEAT COMPLAINT: \_\_\_\_\_

LOCATION OF PROBLEM: \_\_\_\_\_  
(exact address required)

PROPERTY OWNER'S NAME AND ADDRESS: \_\_\_\_\_

DESCRIBE PROBLEM IN DETAIL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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PLEASE RETURN COMPLAINT FORM TO: TOWN OF HAMDEN  
PLANNING OFFICE  
HAMDEN GOVERNMENT CENTER  
2750 DIXWELL AVENUE  
HAMDEN, CT 06518  
ATTN: PAT CAVALLARO