

**TOWN OF HAMDEN
PLANNING DEPARTMENT
ZONING/PROPERTY MAINTENANCE COMPLAINT FORM**

Date: _____

YOUR CONTACT INFORMATION:

You may remain anonymous if you so choose, but we prefer to have your contact information so we can call with questions about the problem. If you wish to remain anonymous, please do not include your name.

Name: _____

Address: _____

Telephone Number: _____

Signature: _____

New or Repeat Complaint: _____

Location Of Problem: _____
Exact Address

Property Owner's Name and Address: _____

Describe Problem In Detail:

Please Return Complaint Form To:

Town of Hamden, Planning Dept.
Hamden Government Center
2750 Dixwell Avenue
Hamden, CT 06518
Phone: 203-287-7070
Fax: 203-287-7075