



TOWN OF TOLLAND Blight Complaint Form

Location of Potentially Blighted Property

Street Address: _____

Property Description: _____
(e.g., blue house on corner of Main Street) _____

Basis for Complaint

The property must either meet 1 of the conditions in Part A or 3 on Part B. Please check all conditions that apply.

A. Does the property exhibit at least 1 of these conditions?

YES (check all that apply below) NO (proceed to Part B)

- Collapsing or collapsed exterior wall of a structure
- Collapsing or collapsed roof on a structure
- Remains of a structure damaged by fire or casualty which is exposed to elements and no longer serves the purpose for which it was constructed
- Accumulations, exposure, deposit or burial of any foul, decayed, putrid or offensive substances
- Outside storage of debris including but not limited to cans, boxes, scrap metal, containers, trash, tires, appliances, and similar debris; which is visible from a public way; and, in an amount that exceeds what is reasonably customary for a dwelling unit for more than 60 days
- One or more abandoned vehicles on the premises for more than 60 days and visible from the public right of way
- An abandoned or vacant building that is unsecured from unauthorized entry
- Other condition which poses a serious threat to the safety, health, and general welfare of the community as determined by the Health District, Fire Marshal or Building Official

B. Are 3 or more of these conditions visible from the road?

YES (check all that apply below) NO (proceed to next page)

- One or more missing windows or doors
- One or more boarded windows or doors
- Rotted or missing siding
- Collapsing stairs, porch or deck
- Collapsing handrail or railing
- Overhang or roof extension including awning, patio cover or carport cover that is significantly deteriorated to the point it is disintegrating or can no longer perform its intended function
- A substantial area of unmanaged weeds or vegetation over thirty-six (36) inches in height
- Is attracting illegal activities as documented in police records

Detailed Complaint (specific details, dates, duration of issue):

Signature and Contact Information

Under the Connecticut Freedom of Information Act, this form will remain on file with the Town of Tolland and will be available for inspection by the public.

The Department will accept unsigned forms, but unsigned forms will receive a lower priority in reviewing and addressing the stated issue.

Printed Name: _____

Signature: _____

Date: _____

Contact information (phone or email address): _____

Please submit this form and any supporting documentation: email (blight@tolland.org), fax (860-871-3628), or mail or drop off at Planning & Building Department, 21 Tolland Green, Tolland, CT 06084.

OFFICE USE ONLY

Stamp Date Received:

Complaint Number: _____

Confirm Street Address: _____

Map/Block/Lot Number: _____

Owner of Record: _____

Owner Address (if different than property address): _____

Owner Phone & Email (if available): _____