

TOWN OF KILLINGWORTH
323 ROUTE 81
KILLINGWORTH, CONNECTICUT 06419

Land Use (Building, Health, Zoning, Wetlands) Complaint Form

Date: _____

Person filing complaint: _____ Address: _____

Phone Number: _____ Email: _____

Location of alleged violation: _____

Name of alleged violator: _____

Date of observed violation: _____

Nature of complaint: (please describe the situation, attach photos and maps if possible)

All complaints shall be recorded and filed in the land use office files for the subject property. No action will be taken without a complaint form or if staff determines that the complaint is not a violation.

STAFF SECTION

Date(s) of inspection _____

Possible violation of Section(s): _____

Follow up required: _____

Resolution: _____ Date: _____

Staff signature _____ Date: _____