



TOWN OF OLD SAYBROOK
Board of Selectmen

302 Main Street • Old Saybrook, Connecticut 06475-1741
Telephone (860) 395-3123 • FAX (860) 395-3125

Date of Complaint: \_\_\_\_\_ Time of Call: \_\_\_\_\_

Location: \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_
Property Owner: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_
PLEASE ATTACH COPY OF ASSESSOR'S STREET CARD FOR PROPERTY.

Complainant Name: \_\_\_\_\_
Address: \_\_\_\_\_
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Complaint/Inquiry: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

This section to be completed by staff:

REFERRED TO: Building [ ] Wetlands [ ] Health [ ] Zoning [ ]
Other: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Anyone home? [ ]Yes \_\_\_\_\_ [ ]No
Pending/Recent applications: \_\_\_\_\_ [ ]None

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

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY WITH THE APPROPRIATE ATTACHMENT.
NO ANONYMOUS COMPLAINTS WILL BE CONSIDERED.