



# 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: _____
<b>PLEASE ATTACH COPY OF ASSESSOR'S STREET CARD FOR PROPERTY.</b>		

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This section to be completed by staff:*

REFERRED TO: Building  Wetlands  Health  Zoning

Other: \_\_\_\_\_

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Inspection Date: \_\_\_\_\_ Anyone home? [ ]Yes \_\_\_\_\_ [ ]No

Pending/Recent applications: \_\_\_\_\_ [ ]None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ITS ENTIRITY WITH THE APPROPRAITE ATTACHMENT.  
NO ANNONYMOUS COMPLAINTS WILL BE CONSIDERED.**