

HOUSING COMPLAINT

Date: _____

Your name: _____

Your address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: _____ Alternate phone: _____

Your e-mail address: _____

Owner's name: _____ Have you contact the owner(s)? _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Contact person: _____

Phone: _____ Fax: _____

E-mail address: _____ Website: _____

Description of complaint:

(use other side of paper if needed)

I hereby authorize the appropriate Town Official to enter my apartment to conduct an inspection of my premises and to re-enter as necessary to inspect until work has been satisfactorily completed.

Signature of complainant

Date

TOWN OF WINDHAM

DEPARTMENT OF CODE ENFORCEMENT

Matthew Vertefeuille, Director
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