



TOWN OF MADISON
Blight Enforcement Committee
 8 Campus Drive
 Madison, CT 06443

(FOR OFFICE USE ONLY)
Date Filed _____
Complaint # _____

BLIGHT COMPLAINT FORM

***Pursuant to Town of Madison, Code of Ordinances
 Chapter 13. Offenses and Miscellaneous Provisions
 Section 13-5. Anti-Blight Ordinance***

1. LOCATION OF POTENTIALLY-BLIGHTED PREMISES:

- a. Street Address: _____
- b. Property Description (*i.e. red house on corner of Main Street*):

2. BASIS FOR COMPLAINT (*per Town Ordinance; check all that apply*):

- Multiple missing, broken or boarded windows or doors.
- Collapsing, seriously damaged, or missing walls, roof, siding or other exterior features including but not necessarily limited to stairs, porches, railings, hatchways, chimneys or floors.
- Persistent accumulation of excessive amounts of garbage or trash on the premises.
- Chronically neglected and/or inoperable motor vehicles, camper trailers, or boats being stored on the premises, unless garaged, for a period of time in excess of 60 days. This restriction shall not apply to off-season storage of recreational vehicles and boats.
- Outside storage, for a period of time in excess of 60 days, of material or equipment which is incapable of performing the function for which it is designed, including, but not limited to, parts of automobiles, furniture, appliances, cans, boxes, scrap metal, tires, batteries, containers, etc.
- Rodent harborage and/or infestation.
- Chronically overgrown grass, weeds, or similar vegetation that is allowed to reach and remain at a height of twelve (12) inches or greater. Cultivated gardens and areas maintained in their naturally wooded, field, or shoreline state are specifically excluded from the height requirement so stated.
- Commercial parking areas left in a state of disrepair or abandoned.

3. DETAILED NARRATIVE OF COMPLAINT (*Please provide specific details of alleged violation including dates, times, duration, etc. If additional space is required, attach additional sheets. Photos may also be attached.*)

4. By signing this form, the complainant declares that all statements contained herein are accurate to the best of his/her personal knowledge, and that he/she is aware that under the Connecticut Freedom of Information Act, this completed form will remain on file in the Town of Madison and will be available for inspection by the public.

Additionally, by signing this form, the complainant further declares that he/she has read the Town of Madison Anti-Blight Ordinance and understands and agrees to the following complaint process:

An inspection of the property which is the subject of this complaint will be made by one or more members of the Blight Enforcement Committee. If, after investigation, there is a probable violation of the Anti-Blight Ordinance, both the complainant and the Owner/Occupant of the subject property will be invited to a meeting where the Blight Enforcement Committee will take a formal vote to determine whether there is a violation and to determine a time period for abatement. The complainant's attendance at this meeting is not mandatory. Furthermore, pursuant to Section 13-5(e) of the Anti-Blight Ordinance, the absence of either the Owner/Occupant or the complainant shall not preclude the Committee from holding the meeting and making a formal finding.

- a. Printed Name of Person Filing Complaint: _____
- b. Address: _____ Daytime Phone: _____
- c. Email: _____

By signing below, I acknowledge that I have read and understand paragraph 4 above.

Signature of Complainant: _____ Date: _____