



TOWN OF PRESTON  
TOWN OFFICES  
389 ROUTE 2  
PRESTON, CONNECTICUT 06365-8830

### Blight Complaint Form

Blighted Property Complaint Location: \_\_\_\_\_  
\_\_\_\_\_

Describe Blight Conditions and Their General Location on the Property:

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

Your name must be provided or Complaint will not be considered:

Your Name: \_\_\_\_\_

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

Your Phone Number: \_\_\_\_\_

Are You an Abutter (Circle One):    Yes        No

Today's Date: \_\_\_\_\_

Please return this form to the Town of Preston; Attention: First Selectman's Office