



TOWN OF CHESHIRE
PLANNING & ZONING DEPARTMENT
ZONING/BLIGHT COMPLAINT FORM

Date: _____

YOUR CONTACT INFORMATION:

Name: _____

Address: _____

Telephone: _____

Signature: _____

Location of concern:

(Exact Address)

Property Owner's Name and Address: _____

Describe the problem in detail:



Return complaint form to:

Town of Cheshire
Planning & Zoning Department
84 So. Main Street
Cheshire, CT 06410
Phone: 203-271-6670
Fax: 203-271-6688