



SUBMIT TO:
Town of Portland
Building & Land Use Division
33 East Main Street / P.O. Box 71
Portland, CT 06480-0071
Phone: (860) 342-6727
Fax: (860) 342-6787

COMPLAINT FORM

Date: _____

Address of Property: _____

Assessor's Map & Lot: _____/_____

Name of Property Owner: _____

Owner's Mailing Address (Assessor's Record):

Nature of the Complaint:

Submitted By (Print): _____

Street Address: _____

Phone Number: _____

***FOR INTERNAL OFFICE USE ONLY**

Distribute to: Building Official _____; Chatham Health District _____; Zoning Enforcement Officer: _____; Police Dept. _____;
Fire Marshal _____; Other: _____

Inspected By: _____ Date: _____

Notes: _____

Person Contacted: _____ In Person _____ or Letter _____

Follow up Required (circle)?: YES NO

Final Disposition:

Date: _____ Signature: _____