Print Form

Please forward or mail to:
Jennifer Edwards,
Neighborhood Revitalization/Anti-blight Office
999 Broad Street, Bridgeport, CT 06604
Telephone: 576-7765 Fax: 576-7135

Date received: _____
Date followed up: _____

CITY OF BRIDGEPORT BLIGHT REFERRAL

► **PROPERTY ADDRESS:**_____
if vacant lot, give house numbers on both sides:

Check items below that pertain to violation of address given above:

☐ Blighted Property: Burned ☐ Lot needs clean-up ☐ Garbage

☐ Blighted Property: Abandoned ☐ Graffiti ☐ Fire Hazard

☐ Blighted Property: Not Maintained ☐ Litter Problem ☐ Vacant Lot

► **ABANDONED VEHICLES LOCATION:**_____ ☐
Color, make, model and license #:_____

► **ILLEGAL ACTIVITY:**_____ ☐

► **OTHER:**_____ ☐

_____

_____

► **DURATION OF PROBLEM:**_____ ☐

YOUR NAME: _____ Phone No. (optional)_____
DATE: _____

Office use only Date Referred: _____

Referred to:

- ☐ BUILDING DEPARTMENT
- ☐ ENVIRONMENTAL HEALTH DEPARTMENT
- ☐ FIRE DEPARTMENT
- ☐ GRAFFITI PROGRAM
- ☐ HOUSING & COMMERCIAL CODE ENFORCEMENT
- ☐ POLICE DEPARTMENT
- ☐ UNLAWFUL DEPOSITING/PUBLIC FACILITIES
- ☐ ZONING DEPARTMENT

DISPOSITION: _____ DATE: _____

_____ INITIALS: _____