



Town of East Hampton
Land Use Department
1 Community Dr., East Hampton, CT. 06424
(860) 267-7450

Inquiry/Complaint Form

Date Received: _____

Complaint #: _____

Violator Information

Location: _____ Map#: _____ Block#: _____ Lot#: _____

Property Owner: _____

Mailing Address: _____

Telephone (H): _____ (W): _____ (C): _____

Complainant Information

Name: _____ Telephone (H): _____ (C): _____

Address: _____ Email: _____

Signature: _____

Complaint/Inquiry: _____

Location on Property Where Violation is Occurring: _____

☐ Photograph Attached

This section is to be completed by Planning and Zoning Staff.

Refer to: ☐ Zoning ☐ Wetlands ☐ Building ☐ Blight ☐ Health

Pending / Recent Applications: _____

Special Permits/ Exceptions: _____

Inspector: _____ Inspection Date: _____

Inspection Notes: _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.
SIGNED COMPLAINTS TAKE PRIORITY OVER ANONYMOUS COMPLAINTS.
THIS FORM IS SUBJECT TO THE FREEDOM OF INFORMATION ACT.
PERSONAL INFORMATION SUCH AS PHONE NUMBERS AND EMAIL ADDRESS WILL BE REDACTED.
DO NOT ENTER PROPERTY ILLEGALLY IN ORDER TO OBTAIN PHOTOGRAPHS.