

CITY OF BRIDGEPORT DEVELOPMENT SERVICES

CITIZEN COMPLAINT FORM Please indicate type of violation: ☐ Illegal Dumping Junk Vehicle Junk/Debris Other High Grass/Weeds Complainant Information: Date of Complaint: _____ Complainant's Name: (optional) _____ Complainant's Address: (optional) Complainant's Phone Number: (optional) ______ Do you wish to be contacted: Yes No **Violator Information:** Violator's Name: Violator's Address: Summary of Violation: _____ For City Use Only: Code Violation Number: Date Received: Referred to Department: Action Taken: Date of Action Taken: ____ Signature: _____