



TOWN OF BEACON FALLS

Zoning Complaint Form

Location of Property Subject of Complaint

Street Address: _____

Property Description: _____

(e.g., white house on
corner of Main Street)

Detailed Complaint (specific details, dates, duration of issue, any evidence – photos, videos etc.)

Signature and Contact Information

Under the Connecticut Freedom of Information Act, this form will remain on file with the Town of Beacon Falls and will be available for inspection by the public. **The Department will not accept unsigned forms.**

Printed Name: _____

Signature: _____

Date: _____

Contact #: _____

Please submit this form with any supporting documentation in person, or via mail or email:

Land Use Office
10 Maple Avenue Beacon
Falls, CT 06403

Inquiry@beaconfallsct.org

Office Use Only

Date Received:

Determination:

ZEO _____