



TOWN OF GUILFORD
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BLIGHT INVESTIGATION REQUEST

Date: _____

Complainant: _____ Phone: _____

Address: _____

Address of Complaint: _____

Map: _____ Lot: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Description of Complaint: _____

OFFICE USE ONLY:

Inspectors: _____ Inspection date: _____

Result of field investigation: _____

Dated Closed: _____

3/13/12

Mail, e-mail or fax completed form to the Guilford Health Department