

TOWN OF MANSFIELD

DEPARTMENT OF BUILDING & HOUSING INSPECTION



MICHAEL E. NINTEAU
 BENJAMIN D. FUNK, CODE ENFORCEMENT OFFICER
 BRADFORD FREEMAN, CODE ENFORCEMENT OFFICER

4 SOUTH EAGLEVILLE ROAD
 MANSFIELD, CT 06268
 TEL: 860-487-4440
 FAX: 860-429-3388

COMPLAINT

Date	Your Name			
Your Address	City	State	Zip	
Daytime Phone	Alternate Phone	Email Address		

Owner's Name	Mailing Address	City	State	Zip
Contact Person	Phone	Fax		
Email Address	Website			

Complaint Description

Have you contacted the landlord and/or management company about this complaint? **Yes** **No**

Date of contact: _____

Results

NOTE: *If complaint relates to an interior issue, an executed Right of Entry must be attached to this form when filing.*

FOR DEPARTMENT USE ONLY	DATE RECEIVED
Referred to: Housing Inspector Assigned: _____ Other Department(s): _____ _____ _____	

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MICHAEL E. NINTEAU, DIRECTOR
BENJAMIN D. FUNK, CODE ENFORCEMENT OFFICER
PATRICK S. ENRIGHT, HOUSING INSPECTOR
MARK D. HOLLAND, HOUSING INSPECTOR

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MANSFIELD, CT 06268
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RIGHT OF ENTRY
(PLEASE PRINT CLEARLY)

I, _____ Lessee/Tenant
Name of Lessee/Tenant

at Unit Number _____ of _____
Name of Complex, if applicable

Said unit is also known as _____
Property Address

Mansfield, Connecticut.

do hereby grant entry to the TOWN OF MANSFIELD DEPARTMENT OF BUILDING & HOUSING INSPECTION, for the purpose of conducting an inspection of the above dwelling and premises which are under my control.

This approval shall be valid from the date below and for all subsequent needs for entry regarding enforcement of the Mansfield Housing Code and referenced standards within that code.

I hereby attest that I am at least 18 years of age.

Signature of Lessee/Tenant

Date

DATE RECEIVED IN
HOUSING INSPECTION: