

BLIGHT COMPLAINT FORM

(Complete and return to blight box in Village Hall corridor)

7000 W. 46th Street, Forest View, IL 60402 Phone: 708-788-3429 Fax: 708-788-8266

Date:	Time Filed:	CLOSED:	
Complainant Name (o	ptional)		
Complainant Address	(optional)		
Complainant Phone N	umber (optional)		
BLIGHT INFORMA	ATION:		
Blighted Address:			
Problem Reported:			
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