

COUNTY OF PAGE- BUILDING & ZONING DEPARTMENT
TENANT/LANDLORD COMPLAINT FORM

Property Owner: _____

Property Owner Address: _____

Owners Phone Number: _____

Tenant Name: _____

Site Address: _____

Tenant Phone Number: _____

Directions to property: _____

Are you still residing at this home? Yes No

Lease Term: Yearly Monthly Weekly

Complaints (Attach separate sheet if necessary):

Do you consider the structure or property to be unsafe? Yes No

I HEREBY AFFIRM THAT I AM A TENANT AT THE ABOVE ADDRESS AND I HAVE REQUESTED MY LANDLORD TO CORRECT THE LISTED COMPLAINTS WITHOUT SUCCESS.

Tenant Signature

Date

FOR INTERNAL USE ONLY:

Complaint Received By: _____

Tax Map #: _____

Complaint File #: _____

Conditions Found:

Date: _____

Summary Report:

Date: _____

Action Taken:

Date: _____

Inspector Signature: _____