



Town of Normal Tenant Complaint Form

Location of Complaint: _____

Name of Owner/Manager: _____

Owner/Manager Phone# _____

Date of contact with Owner/Manager? _____

Classification of Building:

Apartment _____ Rooming House _____ Duplex _____ Single-Family _____

Nature of Complaint: _____

* (Continue on back of form with additional information)

Complainant Signature

Complainant's Printed Name

Phone Number

Address

E-Mail

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