

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

Rental Complaint Form

Date: _____

Complainant's Name: _____ Phone No. _____

Complainant's Address: _____

Address or Location of Problem: _____

Nature of the Problem: _____

How long has this problem existed? _____

Has the Owner/Agent Been Notified? (Please Circle) YES or NO

If Yes, Method of Notification: _____

Date Contacted: _____

Signature of Complainant: _____

FOR OFFICE USE ONLY:

Inspector Comments: _____

Inspector Signature: _____

Date: _____