City of Denison Building Department

# Rental Property Complaint

111 North Main Street | Denison, Iowa 51442
712-263-3143 | FAX: 712-263-4342
EMAIL: buildinginspector@denisonia.com

You must include a copy of the complaint that has been previously given to the owner/landlord which shall include:

1) the address of the premises;
2) name of the owner;
3) the nature of the alleged violation(s); and
4) complainant's signature.

Please make sure to attach any other additional information that can be beneficial to your complaint, such as pictures of the alleged violation, or any other supporting documentation.

| ADMINISTRATIVE USE ONLY |
|---|
| Date Complaint Received |
| Date Owner Notified |
| Date Inspection Scheduled |
| GIS Parcel # |
| Resolution: |

## APPLICANT

| | |
|---|---|
| Complaintant | Property Address |
| Address | Building and/or Unit # |
| Address (if not Denison) | Do you currently live at this residence? (Y/N) |
| Phone | How long have you lived here? |
| I understand that by filing this complaint the City of Denison will make contact with the owner/landlord of the property to investigate the problem and try to find a resolution. I also understand that the complaint filed with the City is a matter of public record and information provided herein, including name of the complainant, could be released to the owner at the time of notice. The City will make contact with the owner and/or manager within five (5) business days of the date this complaint is received. I understand that there may be some items in which the City may not be able to assist on and in those instances the City will notify me using the contact information provided above. | Owner's Name |
| | Owner's Phone (if known) |
| | Manager's Name |
| _____ _____<br>Signature of Applicant Date | Manager's Phone (if known) |

## COMPLAINT

Please describe your complaint in complete detail, including dates and times, if available. Please use the back of this form if you need additional room. You may an additional sheet if necessary.