

## Fire Department

200 North Lake Street Cadillac, Michigan, 49601 Phone 231-775-3114 or Fax 231-775-1408

RENTAL HOUSING	COMPLAINT FO	)RM	
Date:	Complainant:		
Address:	Ph #:		
Owner: Ph #:			
Has the owner been contacted regarding the issues	?	YES	NO
If yes, please provide the date the owner was conta	icted:		
Is there a property manager for the property?  If yes, please provide their contact information below Manager / Agent:  Ph #:		YES	NO
Has the property manager been contacted regarding the issues?		YES	NO
If yes, please provide the date the manager was co	ntacted:		
Please provide a description of the issues below:			
*Tenants should make contact with the	landlord prior to su	ubmitting a con	nplaint
Signature:	Date:		
Received By:			
Date Received:			
Assigned to:			
Date of follow-up:			