

Landlord Licensing Ordinance

Tenant Claim Form

Tenant Name _____

Address _____

Phone #/E-mail _____

Landlord Name _____

Address _____

Phone #/E-mail _____

Please use the space below to describe the problems you are experiencing:

By signing below you are affirming that the description above is accurate and reflective of the true condition of the structure you rent.

Tenant Signature/Date

City Administrator/Date