City of Three Rivers Rental Housing Complaint Form

Date:_____ Your Name:_____

Your Phone:_____ Address of Rental: _____

Owner / Landlord Name:_____ Phone:_____

Owner / Landlord Address:_____

Have you notified the owner / landlord? ☐ Yes ☐ No

If so, when was the owner / landlord first contacted? _____

Type of Complaint: ☐ Electrical ☐ Plumbing ☐ Sanitation
☐ Structural ☐ Fire Safety ☐ Occupancy

Please list your concerns in detail:_____

_____

_____

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After completing the form, return it to: **Three Rivers City Building Inspector**
333 West Michigan Avenue
Three Rivers, MI 49093

Should you have any questions regarding the form, please contact the Inspections Department at 269.273.1075, x112 Monday through Friday, 8 a.m. to 4:00 p.m.