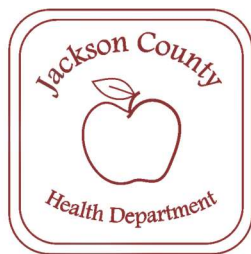


Board of Health
Keith Woolum, President
Kevin O'Day, Vice President



Board Members:
Marvin Payne Megan Malone
Gregory P. Hawker, M.D.

Jackson County Health Department

Kevin Edward Aston, M.P.H., Health Commissioner • Jill Ann Neff, D.O., Medical Director

SANITARY HOUSING COMPLAINT FORM

Tenant Name:

Date:

Property Address:

ZIP:

Property Owner Name:

Property Owner Address:

ZIP:

- | | | |
|---|--------------------------|--------------------------|
| 1. Has an eviction notice been served to the tenant or has the court opened an eviction case for the property? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the tenant behind on regular rent payment or for any reason stopped paying rent? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the tenant made the landlord aware, through certified mail, of specific repairs being requested? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can the tenant provide a copy of the signed lease or rental agreement for the property? | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. On what date did the tenant move into the property? | | |

Please provide a detailed explanation of your complaint:

Your Name:

Date:

Address:

ZIP:

Phone Number:

E-mail Address:

Signature of complainant

*****USE BOTTOM OF THIS FORM IF ADDITIONAL SPACE IS NEEDED*****