



CITY OF MUSKEGON RENTAL INSPECTIONS/TENANT COMPLAINT FORM

Date Filed: _____

Property Address: _____ Building ____ Unit ____

Landlord Name/Phone: _____

PLEASE PROVIDE A COPY OF YOUR LEASE OR RENT RECEIPTS

Complainant Information Name: _____

Address/ Apt#: _____

E-Mail: _____

Contact Phone # : _____

Complaint: Be as descriptive as possible with the item/location of that item. List in order of importance.

1.
2.
3.
4.
5.
6.
7.
8.

I hereby swear and affirm that to the best of my knowledge and ability; I believe the above statement to be a true and factual representation of the conditions and/or problems currently occurring at the above referenced rental unit and I have notified my landlord of these issues first and I am not completing this due to being undergoing an eviction or have been evicted.

Signature: _____ Date: _____

Please see information on reverse side.



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Complaint Frequently Asked Questions and Procedures

1. To be able to better respond and understand your complaint, all complaints must be made in person at the city hall and be in writing, using this form.
2. Please give us as much specific information as possible regarding your complaint. For example, do not just tell us the roof leaks; tell us which room the roof leaks in. In other words, be specific.
3. There are no fees charged to the tenant for filing a complaint, but in some cases the landlord could incur an inspection fee and a registration fee.
4. If the property does not currently have a Certificate of Compliance, a notice to inspect will be sent to the owner requesting an inspection of the dwelling and completion of a Rental Registration form.
5. If you have a lease or rental agreement, please do not file a complaint regarding something that is clearly your responsibility to maintain according to the lease or rental agreement. The city can not act as a mediator or court to resolve civil matters between two parties.

For Staff use only:

Is Property Registered Yes ___ No ___

Is there a Valid Certificate Yes ___ No ___

Expiration date of Certificate _____

Have there been previous complaints of this nature within this unit Yes ___ No ___

Is there a local Agent Yes ___ No ___

Proof of Occupancy? Lease ___ D/L _____ (COPY) UTILITY BILL _____

933 Terrace St., Ste. 201, Muskegon, MI 49440
231-724-6766 (FAX 231-728-4371)
