



RENTAL HOUSING COMPLAINT FORM

CITY OF WILLARD: CODE ENFORCEMENT

631 SOUTH MYRTLE AVE, P.O. BOX 367

WILLARD, OHIO 44890-9666

PH: 419.935.6555

EMAIL: CODE@WILLARDOHIO.US

V1.01.2020

OWNER'S INFORMATION

COMPLAINANT'S NAME: _____

RENTAL ADDRESS (STREET): _____

PHONE NUMBER: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

PROPERTY OWNER'S INFORMATION

OWNER'S NAME: _____

BUSINESS NAME: _____

ADDRESS (City, State, Zip): _____

OFFICE PHONE: _____

CELL PHONE: _____

COMPLAINT

DATE OF COMPLAINT: _____

NATURE OF COMPLAINT(S): _____

SIGNATURE & DATE

Signature

Date