



CITY OF DANVILLE

17 W. Main Street, Danville, IL 61832
Legal Department- Code Enforcement Division
Office (217) 431-2296 Fax (217) 431-2323

RENTAL COMPLAINT FORM

DATE: ____/____/____

Name: _____ Rental Property Address: _____

Type of rental unit: Single Family Duplex Multi-Family Structure

If address is a complex, what is the name of the complex? _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Name of Landlord: _____

Has Landlord/Property Manager been informed of the problem in writing and given adequate time to fix the issue(s)?

Yes *If yes, please attach documentation.* No

Date Landlord Contacted: ____/____/____ How was landlord notified of the problem? In Person By Phone In Writing

Response from Landlord: _____

Number of Occupants: _____ Number of Bedrooms: _____

How long have you lived at above address: _____ Move-in date: ____/____/____

Name: _____ Age: _____ Name: _____ Age: _____

Rent per month: \$ _____ Are you current on your rent payments? Yes No

If you're not current, how much is owed? _____ Have you received an eviction notice? _____

Date of notice: ____/____/____ Reason for eviction: _____

SUMMARY OF PROBLEMS

Please note any immediate Health and Safety Issues (Structural, Electrical, Plumbing, Vermin, etc)

Explain property issues and problems:

Exterior: Roof Walls Foundation

Description: _____

Interior: Walls Electrical Windows Smoke/Carbon Monoxide Detectors

Water/Hot water Heating Kitchen/Bathroom Fixtures

Description: _____

How long have these problems existed: _____

Signature: _____ Print: _____ Date: ____/____/____

**** The acceptance of this complaint does not constitute any action by the City of Danville****

WOULD YOU LIKE TO RECEIVE ALL FUTURE CORRESPONDANCE WITH THE CITY OF DANVILLE CODE ENFORCEMENT DIGITALLY VIA EMAIL

PROVIDED ABOVE? Yes No