

TOWN OF EAST HAVEN

SHORT-TERM RESIDENTIAL RENTAL COMPLAINT FORM

Date Complaint Submitted: _____

Your Contact Information:

Name _____

Address _____

Home and Cell Phone Numbers _____

Signature _____

New or Repeat Complaint: _____ New _____ Repeat

Location of Problem (Exact Address): _____

Property Owner's(s') Name and Address: _____

Describe Complaint in Detail [including condition(s)/incident(s) complained of, date(s) and time(s) condition(s)/incident(s) were observed or occurred, and any contact made with property owner regarding the condition(s)/incident(s)]:

Continuation of Description of Complaint: _____