

RENTAL PROPERTY COMPLAINT FORM

PHYSICAL ADDRESS OF RENTAL UNIT: _____

OWNER/LANDLORD Name: _____

Address: _____

Phone: _____ Email: _____

Have you notified the owner/landlord? YES / NO

If YES, when was the owner/landlord first contacted? _____

Type of Complaint	<input type="checkbox"/> Electrical	<input type="checkbox"/> Structural	<input type="checkbox"/> Occupancy
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Sanitation/Trash	<input type="checkbox"/> Other
	<input type="checkbox"/> Fire Safety		

Please list your concerns in detail:

The above information is alleged to constitute an individual or public health nuisance and/or health hazard and may be used as State's evidence if legal action is initiated against responsible party.
Confidentiality cannot be guaranteed.

FILED BY: _____
Name _____ Date _____

Phone and/or email _____

Relationship to rental unit _____

Please submit form to: **Hanover Planning, Zoning & Codes**
PO Box 483 / 41 S Main St
Hanover NH 03755

To submit by email: bruce.simpson@hanovernh.org

Phone inquiries: (603) 640-3213