CLERMONT COUNTY OHIO

BOARD OF COUNTY COMMISSIONERS
ROBERT L. PROUD • EDWIN H. HUMPHREY • DAVID H. UIBLE

Permit Central/Building Inspection Department

COMPLAINT FORM

Complaint Number

Complainant Name: _____ Phone: _____
(Your Name and Address)

Mailing Address: _____

Fax: _____ E-mail: _____

_____
(Signature of Complainant) (Print or type name here) (Date)

Briefly Describe Complaint about the Property Causing the Problem:

_____

_____

_____

_____

_____

Is this rental property?____Manager's Name:_____Manager's Phone:_____
Were you aware of this problem when you moved in?_____ How long has this problem existed?_____
Have you discussed this problem with the owner?_____
What was the property owner's reaction?_____

Address of Property Causing the Problem:

_____
(Street No.) (Street Name) (Zip Code)

Driving Directions: _____

Village: _____ Township: _____

Property Owner: _____ Phone: _____

Address: _____

Fax: _____ E-mail: _____

Facsimile or reduced photocopies will not be accepted