

CEDAR FALLS FIRE RESCUE  
RENTAL HOUSING INSPECTION BUREAU  
4600 South Main Street Cedar Falls, Iowa 50613  
Email: Kurt.Schreiber@cedarfalls.com

## RENTAL COMPLAINT FORM

*TENANT (Complete this part)*

DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RENTAL ADDRESS: \_\_\_\_\_

Code sections that reference complaint below. Chapter 11 section \_\_\_\_\_

COMPLAINT:

(Continue on back of form if needed)

***OWNER OR MANAGER (For office use only)***

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_