

Landlord/Tenant Complaint Form

Community Development 111 E. Maple Avenue Independence, MO 64050 (816) 325-7079 blicenses@indepmo.org

Tenant Information and Location	
Your Name	
Your Address (include unit number if applicable)	
Your Contact Phone Number	Your Contact Email
Please describe your concern or complaint	
The decidence your concern of complaint	
FALSE STATEMENTS ON THIS FORM ARE PUNISHA	ARI F RY I AW.
By signing below, I hereby agree that the informati	
	of Independence Community Development Department can enter my
property to inspect for violations of the or	·
	contact me by phone to set a time for the inspection.
,	e can only assist with property maintenance violations and cannot
 intervene on civil matters including rent pa I verify that I have contacted my landlord a 	ayments or evictions. and made a request to have these issues corrected and given them the
opportunity to make the needed repairs.	and made a request to have these issues corrected and given them the
·	ence and understand that the Independence City Code only applies
within city limits.	
Your Signature	Date