



## RENTAL HOUSING COMPLAINT FORM

**CITY OF WILLARD: CODE ENFORCEMENT**

631 SOUTH MYRTLE AVE, P.O. BOX 367

WILLARD, OHIO 44890-9666

PH: 419.935.6555

EMAIL: CODE@WILLARDOHIO.GOV

V1.29.2025

### OWNER'S INFORMATION

COMPLAINANT'S NAME: \_\_\_\_\_

RENTAL ADDRESS (STREET): \_\_\_\_\_

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

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

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

### PROPERTY OWNER'S INFORMATION

OWNER'S NAME: \_\_\_\_\_

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

ADDRESS (City, State, Zip): \_\_\_\_\_

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

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

### COMPLAINT

DATE OF COMPLAINT: \_\_\_\_\_

NATURE OF COMPLAINT(S): \_\_\_\_\_

### SIGNATURE & DATE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date