



City of Parchment
650 S. Riverview Drive -- Parchment, MI 49004
269-349-3785 -- Fax 269-345-5441
www.parchment.org

Property Maintenance Complaint Form

Name _____ Date _____

Address _____

Phone _____ Email _____

Landlord's Name _____ Phone _____

Landlord's Address _____

Address of Problem, If Different from Above _____

Has this issue been previously reported? **Yes No Unsure**

Are you currently involved in a civil dispute or being evicted? **Yes No**

Is your rent paid current to date? **Yes No**

State specific complaint (attach additional pages if necessary) _____

State what action(s) will resolve your complaint _____

I hereby certify that the statements made on this form and in the attached documents are true and complete to the best of my knowledge, information, and belief.

Signature _____ Date _____

-----FOR OFFICE STAFF USE ONLY-----

Received By _____ Date _____

Referral to KABA? Yes No Referral Date _____