



**BOONE FIRE DEPARTMENT**

RENTAL HOUSING DIVISION  
923 8<sup>TH</sup> ST. BOONE, IA 50036  
515-432-3446  
www.boonegov.com/rental



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## Tenant Complaint Form

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Property Address: \_\_\_\_\_

**Tenant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe the concerns you have with this property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Written documentation that your landlord has been notified of your concerns and has been given ample time to make repairs must be attached to this form in order for the Fire Department Inspections to review your complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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For Office Use Only

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_