



TOWN OF BETHEL RENTAL HOUSING COMPLAINT

Mail

Personal

Telephone

Date Received: _____

Type of Premises: _____

Complainant: _____

Address: _____

Received by: _____

NATURE OF COMPLAINT

General Examination

Passageway

Receptacles

See Complainant

Vacant Land

Smoke

Yard

Uncleanliness

Stagnant Water

Drainage

Flies - Mosquitoes

Leak

Dampness

Rats - Vermin

Roof

Water Supply

Halls

Other _____

Dust

Light - Ventilation

Cellar

Offensive Odors

EXPLANATION: _____

Cause for Action Yes No

Notice Served On _____

Address: _____

Referred To Other Department: _____

Date: _____

Inspector: _____