



City of Rockville  
Rockville City Police Department  
Community Enhancement/Code Enforcement Division  
2-A West Montgomery Avenue • Rockville, MD 20850 • 240-314-8330

OFFICE USE ONLY

Date received: \_\_\_\_\_

LAT #: \_\_\_\_\_

# Landlord/Tenant Complaint Form

➤ All information requested must be furnished *(please type or print clearly, incomplete or illegible applications will be returned)*.

## PROPERTY INFORMATION

**Please Check One:** ☐ Single Family (House/Townhouse/Condo) ☐ Multi-Family (Apartment)

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

## TENNANT INFORMATION

Tenant Name \_\_\_\_\_

Tenant Address (If different from above) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## OWNER/MANAGING AGENT INFORMATION

Name of Owner/Complex \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## TYPE OF COMPLAINT

☐ Security Deposit ☐ Lease ☐ Notice to Vacate ☐ Property Condition ☐ Other: \_\_\_\_\_

Please state specific complaint and what action(s) will resolve your complaint. (Attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_