



TOWNSHIP OF BLOOMFIELD RENT LEVELING BOARD
1 Municipal Plaza - Room 105, Bloomfield, New Jersey 07003
Phone: 973.259.3091 Fax: 973.680.1652
E-MAIL: rentcontrol@bloomfieldtwpnj.com

TENANT COMPLAINT FORM

Address of Complaint: _____ **Unit:** _____

Tenant(s) Name: _____

Telephone Number: _____

Email: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone Number: _____

Does the landlord live in this same dwelling? Yes No

Do you have a written or oral lease? Written Oral

Do you have an annual or monthly lease? Annual Monthly

Are you still living in the unit? Yes No

Is your lease still in effect? Yes No

Lease start date: _____ Lease end date: _____

If no longer residing in unit, when did you vacate unit? _____

What is/was the current monthly rent? _____

What utilities (if any) are the tenants responsible for? Heat Gas Electric Water

In the space provided below, please describe the complaint regarding your unit:

Signature _____ Date _____

Print Name _____