



TOWNSHIP OF BLOOMFIELD RENT LEVELING BOARD

**1 Municipal Plaza, Room 105
Bloomfield, New Jersey 07003**

Phone: 973-680-4192

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 _____