

City of Leavenworth
200 Shawnee St.
Leavenworth, Kansas 66048

Rental Property Request for Assistance

Complainant Information

Name: _____

Address: _____ City, State, Zip: _____

Daytime Phone: _____ Email: _____

Please check the box that currently reflects your involvement with this property.

- I am a tenant with an issue regarding my house/apartment or neighbor.
 I am a landlord/property manager owner/owners agent with an issue regarding a rental property.
 I am a neighbor with an issue regarding a rental property.

Type Problem: Electric Heat/AC Plumbing Structural Mold Bugs Lease Eviction Other

Describe in your own words the nature of your issue. Please be specific. Attach supporting documents such as lease, statements, or pictures if available (use additional paper if needed)

Information Regarding the Complainee

Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Property Management Company (if applicable): _____

This person is the: Landlord Tenant Neighbor

1. Is this person aware of the issue? Yes No

2. Are rent payments up to date? Yes No N/A

3. If NO, Is there an eviction in progress at this property? Yes No

4. Are there minor children in the household? If Yes, list age and gender: Yes No N/A

5. Monthly rent: \$ _____ 6. Tenants Monthly Income: \$ _____

I certify that the statements given herein are true and complete to the best of my knowledge. I authorize investigation of all statements and supporting evidence or documents contained in this complaint and release of information to support this investigation. By signing below, I further acknowledge if relevant to this issue that I am the property owner, property manager, landlord, or tenant and that I am granting permission for an interior inspection of the property if necessary.

Signature: _____

Date: _____